

Exhibit 3 (Part 1)

**Reed Group**15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12081

September 2, 2010

Rich McDonald
C/O J&J Corporate Benefits
410 George Street
New Brunswick, NJ 08901

RE: Johnson & Johnson Long Term Disability (LTD) Plan
Employee: Ralph R Van Deventer Jr
Case #: 74518
WWID#:
Final Level Appeal of Long Term Disability
Date of Disability: 09/08/2008
Benefits Denied Effective: 03/10/10
Determination Due Date: 10/13/10

Dear Benefit Claim Committee:

Enclosed you will find the final level appeal summary on **Ralph R Van Deventer Jr's** claim.

Once a final determination has been rendered, please send me a copy of the determination letter so that Ralph R Van Deventer Jr's file can be updated and closed.

Please feel free to contact me with any questions at 866-829-8861.

Thank You,

Natalie Madrid
Reed Group

Johnson and Johnson Short Term/Long Term Disability Appeal Summary

Name: Ralph R Van Deventer Jr	Address: [REDACTED]	Telephone: (732) 270-2897
Hire Date: 04/24/1989	Age: [REDACTED]	
Site: J&J - 1200.120018.120RB: ORTHO-CLINICAL DIAGNOSTICS-NJ	Absence ID: 74518	Workers Compensation: no
Job Title: SR COMPLIANCE ANALYST	RTW: n/a	WWID: 10900
FDA: 09/08/2008	Out of work benefits paid: 09/08/2008 - 3/9/2010	Benefits Terminated: 03/10/2010
Claim Type: LTD	LTD effective date: 03/08/2009	Definition Change Date: 03/08/2010
Original Denial Letter: 02/18/2010	First Appeal Letter Date: 06/30/2010	Level 1 Denial Letter: 08/10/2010
Second Appeal Letter Date: 08/27/2010		

Reason: (Denial Rationale)

You were denied LTD benefits effective 03/10/10 as and IME has found the you capable of a sedentary work position. On appeal, the claim was sent for a physician file review

Per physician file review:

Clinical History

The claimant is a [REDACTED] year-old male with a history of chronic low back pain. The claimant reported an initial back injury in 1979. The claimant reported low back exacerbation in June of 2008. The medical record mentioned a left Achilles tendon injury in May 2008. Low back pain progressed to the extent that the claimant was unable to return back to work as of July 2009. He was seen by an orthopedic surgeon who prescribed him treatment including a course of physical therapy with modalities. Despite treatment, the pain did not subside. The claimant underwent an MRI scan of the lumbosacral spine which revealed diffuse facet degenerative changes. The claimant underwent epidural steroid injections as well as facet joint injections by his treating physician. In addition, the claimant has been subjected to chiropractic treatments and manipulations. Concomitantly, the claimant was seen by a psychiatrist at least on one occasion on September 17, 2008. The claimant developed signs of depression and anxiety. Pain management specialist Dr. Carmen Quinones at the Pain Institute of New Jersey was providing ongoing pain management. A neuropsychological consultation was conducted on February 12, 2009 by Dr. Kutner which revealed a longstanding dysthymic disorder, exacerbated by ongoing pain and physical limitations stemming from the low back pain exacerbation. Neurocognitive impairments have not been severe as to restrict psychologically and cognitive incapacity preventing full day work. The claimant was able

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to return to work on a part-time basis in March of 2009. He was able to switch into full time work on April 06, 2009 until July 21, 2009 with accommodations including alternation of sitting and standing. The claimant underwent functional capacity evaluations in July of 2009 and January of 2010 at Biokinetics where he was deemed capable of any sedentary occupation. An independent medical evaluation by Dr. Barr was conducted on January 27, 2010 and reported capability of employment to sedentary duty work only for eight hours a day with obligatory requirements to change positions frequently. A functional capacity assessment took place in June of 2010 by therapist, Ellen Rader Smith, OTR, where she opined that the claimant demonstrated less than sedentary capacity and he cannot resume his longstanding career as a pharmaceutical compliance officer. The claimant's condition has been thoroughly assessed in both standing and sitting positions. The functional capacity evaluation therapist demonstrated the claimant's inability to perform sustained sitting during the day even with a short breaks to relieve the foot, leg, back and neck pain. The claimant has been denied long-term disability claim and the decision has been appealed by the claimant's legal counsel.

No. Based upon the objective medical information provided for review, there is not documented evidence of functional limitations that supports the inability to work. Functional capacity evaluation reports as well as IME evaluations demonstrated evidence of functional abilities to perform sedentary work with frequent change of position.

The functional capacity evaluation on January 07, 2010 reported that the claimant met essential postural and physical demands of his occupation for any sedentary occupation for an eight hour workday. On January 27, 2020, Dr. Barr opined that the claimant is capable of sedentary duty work only.

Neurocognitive impairments have not been severe as to restrict psychologically and cognitive incapacity preventing full day work.

The neuropsychological evaluation on February 12, 2009 by Dr. Kutner contains detailed information in reference to the cognitive status of the claimant.

The employee is able to work at sedentary capacity in any occupation with restrictions permitting him to change positions every 30 to 45 minutes. There is no evidence in the records which can justify a reduction of the claimant's ability to work on a full time basis at her job. However, a modified job may be warranted to decrease the chances for further exacerbation of low back pain. The most commonly mentioned occupational risk factor is lifting.

(Klein BP, Jensen RC, Sanderson LM. Assessment of workers' compensation claims for back strains/sprains J. Occup Med 1984;26 443-448) and physically heavy work specifically related to energy demand, frequency, duration of loading, and peak load (Anderson GBJ Epidemiologic aspects on low back pain in industry Spine 1981;6;53-60).

It is well known handling materials especially lifting associated with bending and twisting is the most common work injury associated with the back injuries (Bigos S., Spengler D.M., Martin N.A., Zeh J., Fisher L., Nachemson A., Back injuries in industry, a retrospective studies of pre-employment related factors, Spine 1986 vol11 pages 252-256). High incidents of low back pain have been identified with heavy demand jobs independent with the workers pre-job back strength (Mooney V. et. al. Relationship of

lumbar strength in the shipyard workers to work place injury claims, Spine 1996 vol.21, 2001-2005). The claimant is capable of sedentary capacity work and should limit lifting to within the requirements of sedentary work. (Please see below for the detailed description of sedentary work.)

Assessment/Rationale

In view of medical information it is imperative to refer for the definition of sedentary work which has been commonly accepted based on Dictionary of Occupational Titles (http://www.ccupationalinfo.org/appendxc_1.html) Sedentary job entails exerting up to 10 pounds (4.5 kg) of force occasionally (occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists 1/3 to 2/3 of the time) or constantly (constantly: activity or condition exists 2/3 or more of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

The records do not provide compelling evidence which would restrict the claimant's ability to sustain at least sedentary capacity work with lifting and carrying 10 pounds occasionally and possibly 10 pounds routinely, walking for two hours in eight-hour workday and sitting for six hours in an eight-hour workday with adequate breaks. He is able to sustain bimanual labor activity. Medical records do not indicate the claimant's inability to ambulate functional distances on even and uneven surfaces, drive and negotiate stairs. His upper extremity activities are not restricted. The claimant can have a range of motion above the shoulder level for work-related activities. Medical records available for my review demonstrate positive MRI findings of the lumbar spine which revealed productive changes which have been suggested as the source of the claimant's pain; however, this may not necessarily be significant in this case due to the fact that many people without back pain have disk bulges or protrusions but not extrusions. In addition it should be pointed out that not all degenerative disc pathologies are painful. About 20% of asymptomatic controls under the age of 60 have been found to have herniated discs.

(Boden et al. Abnormal Magnetic Resonance Scans of the Lumbar Spine in Asymptomatic Subjects: A Prospective Investigation JBJS 1990 vol.72 p403-408). However, due to the lack of response, the claimant have been consistently referred to mental health care professionals and non surgical options for treating his low back pain have been suggested.

Reference: (Plan Language)

Reed Group is the administrator for the Johnson & Johnson Long Term Disability (LTD) Plan. As of 3/9/2009, you will have been receiving LTD benefits from the Plan for the past twelve (12) months. Under the Plan, in order for your benefits to continue you must now meet the definition of being totally disabled from any occupation, which is defined by the Plan as follows:

- C. during the remainder, if any, of the period of disability, the complete inability of the Participant, due to Sickness or Injury, to perform **any job** for which the Participant is (or may reasonably become) with or without*

reasonable accommodation qualified by training, education or experience.

Diagnosis

Degeneration of Thoracic or Lumbar Intervertebral Disc

Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis

Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine

Tenosynovitis of Foot and Ankle

Dysthymic Disorder; Anxiety Depression, Depression with Anxiety, Depressive Reaction, Neurotic Depressive State, Reactive Depression

Cervical Intervertebral Disc Displacement without Myelopathy; Neuritis (Brachial) or Radiculitis Due to Displacement of Cervical Intervertebral Disc

Cervical Spondylosis with Myelopathy; Anterior Spinal Artery Compression Syndrome; Spondylogenic Compression of Cervical Spinal Cord; Vertebral Artery Compression Syndrome

Facts

See denial rationale.

MDA Guidelines

Degeneration of Thoracic or Lumbar Intervertebral Disc
Medical treatment, lumbar intervertebral disc degeneration.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	0	14	21
Light	0	14	28
Medium	0	28	42
Heavy	0	42	84
Very Heavy	0	42	84

Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis
No duration listed.

Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine
Supportive treatment, lumbar or lumbosacral spine sprain or strain.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	1	3	7
Light	1	7	14
Medium	3	14	28
Heavy	7	21	42
Very Heavy	7	28	56

Tenosynovitis of Foot and Ankle

Medical treatment, tenosynovitis.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	1	3	7
Light	1	7	14
Medium	3	14	28
Heavy	3	21	56
Very Heavy	3	28	56

Dysthymic Disorder; Anxiety Depression, Depression with Anxiety, Depressive Reaction, Neurotic Depressive State, Reactive Depression
Psychotherapy and/or pharmacotherapy, dysthymic disorder.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Any Work	1	14	28

Cervical Intervertebral Disc Displacement without Myelopathy; Neuritis (Brachial) or Radiculitis Due to Displacement of Cervical Intervertebral Disc
Medical treatment, cervical disc displacement.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	0	7	21
Light	0	14	28
Medium	0	21	42
Heavy	0	49	84
Very Heavy	0	56	90

Cervical Spondylosis with Myelopathy; Anterior Spinal Artery Compression Syndrome; Spondylogenic Compression of Cervical Spinal Cord; Vertebral Artery Compression Syndrome
No duration listed.

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Absence Report - Van Deventer Jr, Ralph R

01-Sep-10

Employee Number: 10900

Personal

Employee Name Van Deventer Jr, Ralph R
 Social Security # [REDACTED]
 Address [REDACTED]
 Home Phone [REDACTED]
 DOB/Age [REDACTED] Age [REDACTED]
 Gender Male

Employment

Employer J&J - 6118.U312.62170: ProductCompliance
 Group J&J
 Department
 Shift
 Job/JobTitle Sr Compliance Analyst
 Supervisor Rosado, Jose L
 Exempt Yes
 Hire Date 4/24/1989
 Termination Date 3/11/2010
 Job Class Medium

Job Status Active
 Hours per Week 40
 Base Pay \$78,800.00
 Base Pay Period Annual
 Other Pay
 Other Pay Type
 Other Pay Period
 Union Name
 Union Local
 Work State NJ

*Employment information is as of the Open Date of the Absence.

General Information

Absence ID 74518
 AbsenceType Disability
 Current Program LTD
 Date Received 9/9/2008
 Lost Time Start Date 9/8/2008
 Lost Time End Date 3/9/2010
 Calendar Days Lost 548
 Lost Work Days 304
 RTW Date

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User Defined Fields**Disability Information**

Disability Start Date 9/8/2008
 Disability End Date 3/8/2010
 Disability Calendar Days 547
 Disability Work Days 302.5
 Primary Diagnosis 722.5 Degeneration of Thoracic or Lumbar Intervertebral Disc
 MDA Guidelines Minimum 0 Days , Optimum 28 Days , Maximum 42 Days
 Primary Physician Strouse, Irving (Dr.)
 Incident Date
 IncidentDescription
 PrognosisDate
 Prognosis Days 0
 MDA Max Days -616
 MDA Max RTW Date 12/24/2008

Claim

Claim Number
 CaseNumber
 Insurance Carrier
 Policy Number
 Definition Change Date

Physicians

Name	Primary	Contact	Diagn	Treatm	Degree	Specialty	Email Address	Web Site
Strouse, Irving (Dr.)	Yes	Yes	Yes	Yes	MD	ORS		
Address(es)	Location	Address	Current Mailing					
Business		279 3rd Avenue Suite 504 Long Branch, NJ 07740	Yes					
Phone(s)	Description	Number	Notes					
Business		732-229-4333						
Fax		732-571-1937						

Physicians

Name	Primary	Contact	Diagn	Treatm	Degree	Specialty	Email Address	Web Site
Barr, Lawrence I. (Dr.)		Yes		Yes	MD	ORS		
Address(es)	Location	Address	Current Mailing					
	Billing	455 Route 70 West Cherry Hill, NJ 08002	No					
	Business	3535 Quakerbridge Road, Suite 200 Hamilton, NJ 08690	No					
	Business	Garden State Orthopedics 300 Water Street Toms River, NJ 08753	No					
	Business 2	455 Marlton Pike West Cherry Hill, NJ 08002	Yes					
Phone(s)	Description	Number	Notes					
	Business	(856) 616-2999	ECN Provider					
	Business Fax	(856) 616-1437						
Bosin, Stephen R.								
		Yes						
Address(es)	Location	Address	Current Mailing					
	Business	70 Grand Avenue River Edge, NJ 07661	Yes					
Phone(s)	Description	Number	Notes					
	Business	201-342-4117						
	Business Fax	201-342-8780						
Cavanaugh, Colleen (Dr.)								
		Yes			MD	PSYCH		
Address(es)	Location	Address	Current Mailing					
	Business	1541 Route 88 West, Ste. J Bricktown, NJ 08724	Yes					
Phone(s)	Description	Number	Notes					
	Business	(732) 202-0622						
	Business Fax	(732) 202-0620						

Physicians

Name	Primary	Contact	Diagn	Treatm	Degree	Specialty	Email Address	Web Site
Filippone, Charles		Yes		Yes	PT	PT		
Address(es): Location		Address		Current Mailing				
Business		Biokinetics Hadley Medical Building 1080 Stelton Road, Suite 204 Piscataway, NJ 08854		Yes				
Business		Cooper Rehab & Sports Therapy 315 Route 35 North Red Bank, NJ 07701		No				
Business 2		Biokinetics The Center Circle 1255 Main Street Rahway, NJ 07065		No				
Phone(s): Description		Number		Notes				
Business		(732) 741-5085		ECN Provider				
Graves, Denise		Yes				dgraves@ocdus.jnj.com		
Phone(s): Description		Number		Notes				
Eligibility Fax		(908) 218-4611						
Eligibility Work		(908) 704-3887						

Physicians

Name	Primary	Contact	Diagn	Treatm	Degree	Specialty	Email Address	Web Site
Heyman, Norman (Dr.)				Yes	MD	ORS		
Address(es)	Location	Address				Current Mailing		
	Business	245 Union Avenue, Suite 1-A Bridgewater, NJ 08807				Yes		
	Business	256 Old Nyack Turnpike Spring Valley, NY 10977				No		
	Business	Office Of Dr. Amato 75 New Brunswick Avenue Hopelawn, NJ 08861				No		
	Business	Office Of Marshall Chiropractic 1187 Main Avenue, Suite 3-D Clifton, NJ 07011				No		
	Business	Office Of Marshall Chiropractic 1195 Main Avenue (Front Store Office) Clifton, NJ 07011				No		
	Business	Offices Of TRS 44 East 32nd Street, 11th Floor New York, NY 10016				No		
	Business 2	Office Of Dr. Glassman 110-27 Queens Boulevard (72nd Blvd.) Forest Hills, NY 11375				No		

Phone(s)	Description	Number	Notes
	Business	(908) 526-2889	ECN Provider

Kutner, Kenneth (Dr.)			Yes	PhD	NPSY
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Address(es)	Location	Address	Current Mailing
	Business	211 Essex Street Suite 405 Hackensack, NJ 07601	No
	Business	3000 Atrium Way, Suite 100 Mount Laurel, NJ 08054	No
	Business	440 Curry Avenue, Suite B Englewood, NJ 07631	No
	Business	Bergen Neuropsychology Group 339 Princeton Hightstown Road Cranbury, NJ 08512	Yes

Phone(s)	Description	Number	Notes
	Business	(201) 894-0050	ECN Provider
	Business	(201) 498-1166	Access Provider

Physicians

Name	Primary	Contact	Diagn	Treatm	Degree	Specialty	Email Address	Web Site
Pericone, Anne		Yes					APERICO@ITS.JNJ.COM	
Phone(s)	Description	Number	Notes					
	Eligibility Work	(908) 541-5825						
Quinones, Carmen M. (Dr.)		Yes		Yes	MD	Pain		
Address(es)	Location	Address	Current Mailing					
	Business	254 Brick Blvd., Suite 2 Brick, NJ 08274	Yes					
Phone(s)	Description	Number	Notes					
	Business	(732) 477-4242						
	Business Fax	(732) 477-4368						
Vaccaro, Kathryn		Yes					kvaccaro@ocdus.jnj.com	
Phone(s)	Description	Number	Notes					
	Business	(908) 218-8070						
	Eligibility Fax	(908) 218-8484						

Diagnoses

Date	Diagnosis	Minimum	Optimum	Maximum	Physician	Notes
9/8/2008	721.3 Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis				Strouse, Irving (Dr.)	Going to PT 3x week for three weeks and then will be reevaluated on 10/1.
9/8/2008	847.2 Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine	3	14	28	Strouse, Irving (Dr.)	
9/8/2008	727.06 Tenosynovitis of Foot and Ankle	3	14	28	Strouse, Irving (Dr.)	wearing cam boot.
9/17/2008	300.4 Dysthymic Disorder; Anxiety Depression, Depression with Anxiety, Depressive Reaction, Neurotic Depressive State, Reactive Depression	1	14	28		
11/13/2008	722.5 Degeneration of Thoracic or Lumbar Intervertebral Disc	0	28	42	Strouse, Irving (Dr.)	
6/17/2009	722.0 Cervical Intervertebral Disc Displacement without Myelopathy; Neuritis (Brachial) or Radiculitis Due to Displacement of Cervical Intervertebral Disc	0	21	42		

Diagnoses						
Date	Diagnosis	Minimum	Optimum	Maximum	Physician	Notes
6/17/2009	721.1 Cervical Spondylosis with Myelopathy; Anterior Spinal Artery Compression Syndrome; Spondylogenic Compression of Cervical Spinal Cord; Vertebral Artery Compression Syndrome					

Prognoses				
Date Entered/ Changed	Prognosis Date	Changed By	Explanation	Notes
9/11/2008	10/6/2008	CTeta	Initial Prognosis	
10/3/2008	10/27/2008	CTeta	Extension Requested	
10/24/2008	11/17/2008	CTeta	Extension Requested	
11/14/2008	12/1/2008	CTeta	Extension Requested	
11/26/2008	12/29/2008	CTeta	Extension Requested	
12/26/2008	1/29/2009	CTeta	Extension Requested	
1/27/2009	3/2/2009	CTeta	Extension Requested	
1/27/2009	3/3/2009	CTeta	Extension Requested	
2/19/2009	3/9/2009	CTeta	Extension Requested	
2/24/2009	4/6/2009	CTeta	Full Duty	

Treatments & Hospitalization							
Date	Provider	Agency/Hospital	Description	Status	Admitted	Discharged	Notes
9/8/2008	Strouse, Irving (Dr.)		Last Date of Treatment	Scheduled			
9/11/2008			Physical Therapy	Scheduled			
9/12/2008			Office Visit	Scheduled			PCP
10/17/2008	Strouse, Irving (Dr.)		Office Visit Scheduled	Scheduled			
11/10/2008	Strouse, Irving (Dr.)		Office Visit Scheduled	Scheduled			
11/13/2008			Diagnostic Testing	Completed			MRI
11/24/2008	Strouse, Irving (Dr.)		Office Visit Scheduled	Scheduled			
1/13/2009	Heyman, Norman (Dr.)		IME	Completed			STD Bucket
1/26/2009	Quinones, Carmen M. (Procedure	Completed			
2/9/2009	Quinones, Carmen M. (Procedure	Completed			
2/12/2009	Kutner, Kenneth (Dr.)		IME	Completed			\$750 no-show/cancel within 48 hours. LTD Choices 60%
3/3/2009	Strouse, Irving (Dr.)		Office Visit	Scheduled			
7/23/2009	Filippone, Charles		FCE	Completed			

Treatments & Hospitalization

Date	Provider	Agency/Hospital	Description	Status	Admitted	Discharged	Notes
7/29/2009	Barr, Lawrence I. (Dr.)		IME	Completed			Ortho IME
1/7/2010	Filippone, Charles		FCE	Completed			LTD Choices 60%
1/27/2010	Barr, Lawrence I. (Dr.)		IME	Completed			LTD Choices 60%

Work Restrictions

Restriction	Limitation	Indefinite	Starting	Ending	Physician	Notes
Lifting	10 lbs	No	3/2/2009	4/6/2009	Strouse, Irving (Dr.)	
Standing	Intermittent	No	3/2/2009	4/6/2009	Strouse, Irving (Dr.)	
Climbing	None	No	3/2/2009	4/6/2009	Strouse, Irving (Dr.)	
Push/Pulling		No	3/2/2009	4/6/2009	Strouse, Irving (Dr.)	
Twisting	Occasional	No	3/2/2009	4/6/2009	Strouse, Irving (Dr.)	
Squatting	Occasional	No	3/2/2009	4/6/2009	Strouse, Irving (Dr.)	

FMLA Information

FMLA Start Date 9/8/2008
FMLA End Date 11/30/2008

Authorizations

Type	Status	From	Thru	Days	Authorized By	Date Entered	Entered By	Notes
Disability Duration	Approved	9/8/2008	10/5/2008	28	CTeta	9/18/2008	CTeta	
FMLA	Approved	9/8/2008	10/5/2008	28	CTeta	9/18/2008	CTeta	
Disability Duration	Approved	10/6/2008	10/26/2008	21	CTeta	10/6/2008	CTeta	
FMLA	Approved	10/6/2008	10/26/2008	21	CTeta	10/6/2008	CTeta	
Disability Duration	Approved	10/27/2008	11/16/2008	21	CTeta	10/24/2008	CTeta	
FMLA	Approved	10/27/2008	11/16/2008	21	CTeta	10/24/2008	CTeta	
Disability Duration	Approved	11/17/2008	11/30/2008	14	CTeta	11/18/2008	CTeta	
FMLA	Approved	11/17/2008	11/30/2008	14	CTeta	11/18/2008	CTeta	
Disability Duration	Approved	12/1/2008	12/12/2008	12	CTeta	11/26/2008	CTeta	
Disability Duration	Approved	12/13/2008	12/28/2008	16	CTeta	12/8/2008	CTeta	
Disability Duration	Approved	12/29/2008	1/28/2009	31	CTeta	12/29/2008	CTeta	Pending IME and LDOT 1/20/09
Disability Duration	Approved	1/29/2009	3/1/2009	32	CTeta	2/27/2009	CTeta	
Modified Work	Approved	3/2/2009	3/8/2009	7	CTeta	2/27/2009	CTeta	working 4 hours a day
Modified Work	Approved	3/9/2009	4/5/2009	28	sterry	3/5/2009	sterry	LTD eff – FD planned 4/6/09
LTD	Approved	7/21/2009	8/31/2009	42	sterry	7/22/2009	sterry	

Authorizations

Type	Status	From	Thru	Days	Authorized By	Date Entered	Entered By	Notes
LTD	Approved	9/1/2009	11/30/2009	91	sterry	8/20/2009	sterry	
LTD	Approved	12/1/2009	3/8/2010	98	cclark	2/18/2010	cclark	
LTD	Approved	3/9/2009	4/5/2009	28	mwadsworth	5/19/2010	mwadsworth	correction
LTD	Denied	4/6/2009	7/20/2009	106	mwadsworth	5/19/2010	mwadsworth	correction
LTD	Denied	3/9/2010	3/9/2010	1	mwadsworth	5/19/2010	mwadsworth	denial upheld on appeal

Work Programs

Recom. Start	Work Program	Start Date	End Date	Reason Ended	Lost Time	Restricted	Notes
2/2/2009	Part Time				<input type="checkbox"/>	No	
3/2/2009	Part Time	3/2/2009	3/8/2009	Progression to other MW program	<input type="checkbox"/>	Yes	
3/9/2009	Part Time	3/9/2009	4/5/2009	Employee Disabled	<input type="checkbox"/>	Yes	
4/6/2009	Full Time	4/6/2009	7/20/2009	Employee Disabled	<input type="checkbox"/>	No	

Contacts

Name	Type	Job Title	Department	Email Address	Web Site
Graves, Denise	Employer Contact	Eligibility 05/29/2007		dgraves@ocdus.jnj.com	
Phone(s)	Description	Number	Notes		
	Eligibility Fax	(908) 218-4611			
	Eligibility Work	(908) 704-3887			
Vaccaro, Kathryn	Employer Contact	Eligibility OHN 4/2/2006		kvaccaro@ocdus.jnj.com	
Phone(s)	Description	Number	Notes		
	Business	(908) 218-8070			
	Eligibility Fax	(908) 218-8484			
Periconè, Anne	Employer Contact			APERICO@ITS.JNJ.COM	
Phone(s)	Description	Number	Notes		
	Eligibility Work	(908) 541-5825			
Pericone, Anne	Employer Contact			APERICO@ITS.JNJ.COM	
Phone(s)	Description	Number	Notes		
	Eligibility Work	(908) 541-5825			

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Contacts

Name	Type	Job Title	Department	Email Address	Web Site
Bosin, Stephen R.	Contact				
Address(es)	Location	Address	Current Mailing		
Business		70 Grand Avenue River Edge, NJ 07661	Yes		
Phone(s)	Description	Number	Notes		
Business		201-342-4117			
Business Fax		201-342-8780			

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
9/1/2010		Task	Nanovich, Diane		Case Review	Case Information
NMadrid -Appeal Specialist - 8/31/2010 please print file and make one copy for 2nd level appeal						
9/1/2010		Task	Madrid, Natalie		Case Review	Appeal Brief
NMadrid -Appeal Specialist - 8/31/2010 create 2nd level appeal brief and send file to CAFS and J&J CB						
10/13/2010		Task	Madrid, Natalie		Case Review	Appeal Decision Due
NMadrid -Appeal Specialist - 8/31/2010 determination due 10/13/10						
9/9/2008	9/9/2008	Phone Call	zzHaverly, Cindy		Spoke to	Case Intake
Recvd call from EE to open STD Case Lumbar spine osteo arthritis and left ankle tenosynovitis.LDOE 9/5/2008. FDA 9/8/2008. LDOE 9/8/2008, NDOT unknown.Expl PPW and Transfer to NCM. Works 6:00-2:00, 40 Hrs wk.						
9/9/2008	9/9/2008	Mail Merge	zzHaverly, Cindy	Rosado, Jose L	Employer Notification	Job Analysis Request
Job Analysis Request - Job Analysis Needed						
9/9/2008	9/9/2008	Mail Merge	zzHaverly, Cindy	Rosado, Jose L	Employer Notification	FMLA Eligibility Request
FMLA Eligibility Request						
	9/9/2008	Mail Merge	Gibson, Heather		Employer Notification	Initial OHN Contact
9/23/2008	9/10/2008	Task	zzTeta, Cristina		Case Review	Determination - Initial
Initial Determination (10 Bus. Days)-med rec. 9/10						
9/10/2008	9/10/2008	Task	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	Initial Provider Contact - 1st attempt
1st Day Provider Contact						
9/10/2008	9/10/2008	Task	Wheeler, Judy		Employee Contact	Initial Assessment - 1st attempt
Call ee [NJ]- do intro						
9/10/2008	9/10/2008	Phone Call	Wheeler, Judy		Message Received	Case Information
EE left message for call back and confirmed contact #.						
	9/10/2008	Mail Merge	Gibson, Heather		Forms	STD Packet
STD-FMLA Introduction Packet.doc						
9/10/2008	9/10/2008	Phone Call	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	Complete Medical - Initial
9/10 cmt. Spoke to Lynne at doctors office. Confirmed Lumbar Spine Osteoarthritis and L ankle sprain (tnosynovitis). EE is using a cam walker, going to PT. Has f/u in three weeks which is not yet scheduled. Dr. has ee oow at least until f/u.						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
9/10/2008	9/10/2008	Phone Call	Wheeler, Judy		Message Received	Case Information
EE left message requesting call back and confirmed contact #.						
9/10/2008	9/10/2008	Phone Call	Wheeler, Judy		Initial Clinical Review	Initial Assessment - 1st attempt
<p>INTRODUCTION: Spoke to employee; completed the introduction to Reed Group; case management process reviewed; verbal permission to case manage obtained. Advised of CA, NY, NJ (part time Choices eligible employees) and Local 630 full and part-time employees, and RI state disability filing requirements. QA Verbal permission obtained.jw</p> <p>As your nurse case manager, I will be responsible for evaluating your disability claim and determining your eligibility for the J&J Short Term Disability program benefits. I will work to provide you with information that will assist you to understand your diagnosis and to make important decisions regarding treatment PLANS and to facilitate the RTW process. I DO NOT PRESCRIBE OR MANDATE ANY TREATMENT, AS THIS IS THE RESPONSIBILITY OF YOUR PHYSICIAN OR HEALTH CARE PROVIDER. I WILL WORK WITH YOU and your physician or health care provider(s) to develop a case management and return to work plan that will be specific to your needs. Your plan will be continuously evaluated for effectiveness and revised as needed. I will be notifying your employer of your request for absence. I will not be discussing your medical information with your Supervisor, only the fact that you have reported your disability. Your medical information is strictly confidential and will only be shared with the J&J OHN as needed and to coordinate your RTW plan. Please inform your physician or health care provider that a Nurse Case Manager from the Reed Group will be contacting them in the next few days to obtain medical information regarding your diagnosis, treatment and RTW plan. As reminder, please be advised that you may be eligible for FMLA for this leave as well. If you meet the requirements, your FMLA will run concurrent with your Short Term Disability Leave and you will be notified in writing of the decision.</p> <p>You must meet the required seven (7) day elimination period prior to any authorization being sent to J&J Payroll for payment of short-term disability benefits. Approval for the STD absence will be effective from the first date of your medical absence. Your STD wages will be based on your years of service with J&J. NOTE: Union employees are paid a negotiated rate.</p> <p>**Reed Group will make three (3) attempts to contact your physician over the next ten (10) business days to obtain medical information to support your absence. If unable to obtain the information by the tenth (10th) business day, your absence will be identified as STD pending which means that your pay will be discontinued until the information is obtained. If the medical information/documentation is not received within thirty (30) days, your request for medical leave will be DENIED.** You will kept informed in writing of all approvals of disability duration, as well as any denials that may occur, the reasons for any denials, and the process for you to appeal any denial decision.</p> <p>**Should you require an extension of the original approved leave time, or if you will not return to work on or before the end of the authorization period, it is your responsibility to ensure that you and/or your health care provider submits supporting objective medical documentation to Reed Group five (5) days prior to the last authorized date of disability. A few examples of this documentation are:</p> <ul style="list-style-type: none"> * Physician office/progress notes * Diagnostic Test Results (X-rays, MRI, etc.) * Laboratory Results * Physical Therapy notes <p>If you are returning to work on or before the end of the authorization period noted above, you will need to provide Reed Group with written documentation of your Release to Work from your health care provider prior to the last authorized date of disability.** If you have any questions, concerns, complaints, or would like additional information regarding case management services, please contact your Nurse Case Manager, (CT) at (866) 829-8861, extension 8692. We look forward to working with you.</p>						
<p>WORK SCHEDULE</p> <p>State EE works in: NJ</p> <p>Job title and job physical demands:(Wear special shoes?) Senior Compliance analyst. Desk work.</p> <p>Shift/hours worked: 6a-2p M-F</p> <p>Do you drive a company vehicle? no</p> <p>LDW: 9/5/08</p> <p>FDA (disability/treatment): 9/8/08</p>						
<p>DISABILITY CASE INFORMATION</p> <p>FDOT: ongoing-ee has been procrastinating and it has gotten worse-ee has seen PCP and chiro and it got to be too much. EE's back and leg are not conducive to ee being able to perform his job functions. Saw Ortho MD on 9/8/08. MD rx'd ee for PT 3 x week for back.</p> <p>NDOT: to be set up @ 10/1 pending outcome of PT. EE in air cast for achilles</p> <p>Provider/ Specialty (confirm contact information): Verified MD info</p>						

 Confidential
Admin Rec. 00018

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
Kaiser Medical Record #: NO						
Diagnosis/Illness (specify which side of body if applicable, e.g. Right Arm)						
EE oow d/t ongoing issues of procrastinating regarding TX and pain and it has gotten worse. EE had seen PCP and Chiro and it got to be too much. EE saw Ortho MD 9/8/08 and was RX'd for PT 3 x week for his back. Back has lumbar strain/sprain and lumbosacral spopndylosis. His (L) ankle tnosynovitis is TX with CAM boot. EE trying not to aggravate the conditions worse than they already are. PT starting tomorrow and sees PCP 9/12/08. EE getting discouraged and Nurse advised ee to relay that info to MD as ee has a lot of personal issues on his plate also as his mom was just admitted to the Hosp. for a stroke. EE taking Flexoril and Naprosen which ee states is not too helpful and ee will discuss w/MD at NDOT 9/12/08. EE's house is set up to accommodate his needs and he is staying on the first floor. Triage Nurse entered DX codes per ppw ee had from MD.						
*****PREGNANCY CASES						
NOTE: Remind EE at this time, that they must have their post-partum examination by the end of the 6th week after delivery						
Work related? Yes.....No...XX...Possible? OHN must be notified of any potential W/C claims.						
Mechanism of Injury: How did injury occur? Enter data here and on the Illness/Injury Tab in MDA:						
List one of the following:						
A. Motor Vehicle Accident						
B. Motorcycle/Scooter Accident						
C. Bicycle Accident						
D. Slip, Trip, Fall						
E. Lifting at home						
F. Bending						
G. Pushing, Pulling						
H. Exercising						
I. Aggravation of prior back problems						
J. Other (please specify)						
If Mental Health condition, what was the precipitating event? (e.g. Divorce, death of family member) n/a						
Have you utilized EAP services for this problem ? n/a						
Current Treatment plan (diagnostic tests/surgery and their dates):Take med prn, PT as recommended, keep MD appts.						
Anticipated OOW duration: unknown-possibly 10/6/08. Reviewed RTW process						
Hospitalization: Yes.....NoXX.....Admission Date: Discharge Date:						
PAST MEDICAL/SURGICAL HISTORY: Co-morbid? Knee surgery 2005. Slight sleep apnea, but no CPAP.						
PAST MENTAL HEALTH HISTORY: Prior treatment or hospitalization? When? n/a						
Medications: Naprosyn, flexoril						
Allergies: no						
Smoking Hx: never						
Alcohol/Drug Hx: no						
Height: 6'						
Weight: 205						
Right/Left hand dominant: n/a						
Second job or hobbies that may impact upon recovery: no						
Current ADL/Physical activity level (including sports): EE able to take care of self-ee has assistance available as wife is home during the day.						
Safety concerns: No per ee-ee to discuss pain med mgmt w/MD 9/12/08 as pain med is not very effective for ee. We reviewed pain med mgmt, s/e and maintaining safety. EE's home has been set up to accommodate ee's needs and he is staying on the first floor. EE compliant w/MD recommendations. EE aware of RTW process. EE has assistance available as needed as wife stays home to care for children.						
Elder/Child care responsibilities: 4, 6 and 8 yo-wife is taking care of care						
Discussed with the employee the need to return the signed Authorization and Reimbursement Agreement to Reed as soon as possible. Return to work/restriction process. The need to update Reed with any changes in their care or condition. Telephone and fax contact numbers for Reed confirmed.						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
9/10/2008	9/10/2008	Case Notes	Wheeler, Judy		Case Review/CM Plan	Care Plan - Back Pain
<p>Care/Case Management Plan 2: Low Back Injury/Disease and ankle disorder</p> <p>Referral triggers: 9/10/08-EE oow d/t ongoing issues of procrastinating regarding TX and pain and it has gotten worse. EE had seen PCP and Chiro and it got to be too much. EE saw Ortho MD 9/8/08 and was RX'd for PT 3 x week for his back. Back has lumbar strain/sprain and lumbosacral spopndylosis. His (L) ankle tnosynovitis is TX with CAM boot. EE trying not to aggravate the conditions worse than they already are. PT starting tomorrow and sees PCP 9/12/08. EE getting discouraged and Nurse advised ee to relay that info to MD as ee has a lot of personal issues on his plate also as his mom was just admitted to the Hosp. for a stroke. EE taking Flexoril and Naprosen which ee states is not too helpful and ee will discuss w/MD at NDOT 9/12/08. EE's house is set up to accommodate his needs and he is staying on the first floor.jw 9/10/08-9/10 cmt. Spoke to Lynne at doctors office. Confirmed Lumbar Spine Osteoarthritis and L ankle sprain (tnosynovitis). EE is using a cam walker, going to PT. Has f/u in three weeks which is not yet scheduled. Dr. has ee oow at least until f/u.jw</p> <p>Problem #1: Employee is not achieving optimal health due to alteration in comfort: Pain</p> <p>Short Term Goal: Employee will report a decrease in discomfort from initial assessment and a plan will be established to address needs. Within three days of employee contact.9/10/08jw Long Term Goal: Employee will return to pre-injury/illness pain free state within projected MDA guidelines.</p> <p>Interventions for short term goals: <input type="checkbox"/> Educate the employee on possible complications and elimination of factors that precipitate pain.9/10/08jw <input type="checkbox"/> Teach employee methods to reduce pain before it becomes too severe both pharmacological and non pharmacological methods for reducing pain/promoting comfort: back rubs, slow rhythmic breathing, repositioning, and divisional activities. <input type="checkbox"/> Contact the employees physician to confirm the treatment plan, diagnoses, expected recovery time and expected MMI.9/10/08CT <input type="checkbox"/> Follow up call to member at defined interval.ongoing <input type="checkbox"/> Listen to employee in a non judgmental manner.9/10/08jw <input type="checkbox"/> Identify barriers.9/10/08jw <input type="checkbox"/> Offer assistance and support.9/10/08jw</p> <p>Interventions for long term goals: <input type="checkbox"/> Review individual plan of action with the employee.9/10/08jw <input type="checkbox"/> Assess employee has made the needed changes in his/her medical treatment influencing disability duration. <input type="checkbox"/> Assessment of functional ability/attainment of maximal functional ability. <input type="checkbox"/> Timely return to normal activities and employment. <input type="checkbox"/> Appropriate utilization of resources <input type="checkbox"/> Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies. <input type="checkbox"/> Instruction on prevention of re-injury and decreased disability <input type="checkbox"/> Provide knowledge on provision of quality, cost effective care <input type="checkbox"/> Ensure employee has a plan in place to address barriers.9/10/08jw <input type="checkbox"/> Review individual plan of action with the employee and document in a written plan any accommodations designed to promote timely and safe transition back to full work productivity.</p> <p>Problem #2: Employee is not achieving optimal health due to alteration in physical activity and inability to move purposefully within the environment.</p> <p>Short Term Goal: 1.<input type="checkbox"/> Employee will be knowledgeable of safety related issues due to activity limitations within three days of employee contact.9/10/08jw 2.<input type="checkbox"/> Employee will demonstrate increased mobility/activity utilizing appropriate DME equipment within one week of injury/illness.</p> <p>Long Term Goal: Employee will progress to the highest level of mobility possible within limitations of diagnoses per MDA guidelines.</p>						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
Interventions for short term goals:						
•□Employee will reduce or eliminate contributing factors by assess employees schedule. Allow rest periods between all activities.						
•□Assist to identify safety hazards in members environment or daily routine.9/10/08jw						
•□Encourage person to note daily progress.						
•□Evaluate employees strength and degree of mobility through office notes or physical therapy notes						
•□Work with Physical therapist to obtain current treatment plan						
•□Evaluate for proper use of function and adaptive equipment.9/10/08jw						
•□Evaluate proper referral to PT,OT, or other						
•□Encourage relaxation training						
Interventions for long term goals:						
•□Assess employee has made the needed changes in his/her medical treatment influencing disability duration.						
•□Assessment of functional ability/attainment of maximal functional ability.						
•□Timely return to normal activities and employment.						
•□Plan and share necessity of learning outcomes with the employee.						
•□Appropriate utilization of resources						
•□Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies.						
•□Instruction on prevention of re-injury and decreased disability						
•□Prevention of possible complications						
•□Ensure employee has a plan in place to address barriers.						
•□To achieve consistent, quality care by using nationally recognized clinical guidelines.						
Criteria for Case management closure						
•□Functional improvement						
•□Relief / reduction of pain and symptoms						
•□Appropriate utilization of resources and benefits						
•□Avoidance of unnecessary surgery, hospitalization and surgery						
•□Employee satisfaction with medical care, case management services.						
•□Early return to work						
•□Safety issues have been identified						
•□Medically cleared to return to work						
Case Management Resources:						
□						
http://www.highbeam.com/library/						
http://www.americanhealthways.com/regence/CBP/Member/02.asp?CInt=001&Prog=CBP&Cat=Mbr&typ=001#2						
Aetna low back manual						
Conte L, Timir B, The rehabilitation of persons with low back pain. Journal of Rehabilitation, April, 1993						
The Medical Disability Advisor, Presley Reed, MD Fourth Edition						
http://www.mccentral.com/careplans/plans/ai.html						
Praemer, A, Furner, S, Rice, D, Musculoskeletal Conditions in the United States, 1992, American Academy of Orthopedic Surgeons.						
Taylor V, Deyo R, Cherkin D, Kreeuiter W. Freidlieb O, The impact of managed care on the diagnosis and treatment of low back pain; a preimariy report. American Journal of Medical Quality 1994. vol 9 1.						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
9/10/2008	9/10/2008	Phone Call	zzTeta, Cristina		Message Received	Case Follow-Up
9/10 cmt. EE left message for call back to discuss diagnosis and PT info and possibly working from home.						
9/11/2008	9/11/2008	Task	zzJackson, Latonya		Case Review	Job Analysis Request
1st request look for response						
9/16/2008	9/11/2008	Task	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	Initial Provider Contact - 2nd attempt
4th Work Day Provider Contact-med rec 9/10						
9/18/2008	9/11/2008	Task	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	Initial Provider Contact - 3rd attempt
7th Work Day Provider Contact-med. Rec 9/10						
9/11/2008	9/11/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
9/11 cmt. EE called in with update. He will be going to PT 3x per week. Saw ortho on 9/8. Wants to try and work from home a couple of hours per week, but says supervisor is not sure about that. EE will fax ppw from doctor to NCM with request to work from home.						
9/18/2008	9/12/2008	Task	zzJackson, Latonya		Case Review	Job Analysis 2nd request. Please complete attached
2nd request**returntowellness Job analysis form.						

From: Haverly, Cindy
 Sent: Thursday, September 11, 2008 12:29 PM
 To: 'JROSADO3@its.jnj.com'
 Cc: returntowellness
 Subject: Van Deventer Jr, Ralph-JOB ANALYSIS NEEDED

YOUR ACTION NEEDED

Please review the enclosed Job Analysis and confirm if the job duties are specific to your employee, or update the job duties as needed and return the form via e-mail. The e-mail address is ReturnToWellness@reedgroup.com. Please include either the employee's name or case number in the subject line of your e-mail. In addition, please provide any pertinent information regarding this claimant that you feel might impact the disability management process.

Thank you,

Cindy Haverly

Reed Group

15 Tech Valley Drive

East Greenbush, NY 12061

866.829.8861

518.880.6610 FAX

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
chaverly@rgl.net						
http://www.rgl.net						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
9/15/2008	9/15/2008	Task	Pelton, Patrick		Case Review	Job Analysis
please review attached JA						
9/15/2008	9/15/2008	Case Notes	Pelton, Patrick		Case Review	Job Analysis
9/15/2008 PP: Reviewed job analysis. EE works as a Sr. Complaint Analyst. JA notes frequent lifting up to 10 lbs, seldom up to 100 lbs. Seldom pushing, pulling, or reaching. Frequent sitting, occasional walking.						
9/15/2008	9/18/2008	Task	zzTeta, Cristina		Case Review	Case Follow-Up
review for 8-day auth.						
	9/18/2008	Mail Merge	zzRussell, Sharon		Employee Notification	STD/FMLA Approval Letter
STD/FMLA Approval Letter						
9/19/2008	9/19/2008	Task	zzBrache, Emily		Employee Notification	STD/FMLA Approval Letter
send auth letter***SENT TO QA 9/18/2008 BY SB*** **QA completed, email sent**						
9/25/2008	9/26/2008	Task	zzTeta, Cristina		Employee Contact	Case Follow-Up
call ee f/u prior to 5-day call.						
9/26/2008	9/26/2008	Phone Call	zzTeta, Cristina	Strouse, Irving (Dr.)	Employee Contact	Case Follow-Up
9/26 cmt. NCM called ee to f/u with progress. EE states going to PT 3Xa week. It does help, but makes him sore. Has f/u with doctor on 9/29. Still wearing Cam Boot. Takes it off at night for a short time as it makes his foot very stiff. EE not sure if CAM boot is helping. EE taking Anti inflammatories and Hydrocodone at night which helps with stiffness and pain. NCM explained 5-day call and need for medical documentation to support extension if ee not rtw on 10/6. EE will f/u with doctor during visit on 9/29.						
9/29/2008	9/29/2008	Task	zzJackson, Latonya		Employee Contact	Reminder Call for Extension or RTW
5 day reminder call; authed thru 10/05/08--lvm--I have been informed by your case manager that your short term disability case was approved through 10/5/08 with a return to work date of 10/6/08. If you will not be returning to work on that date it will be necessary for you to submit additional medical documentation to support the extended absence or your case will be closed and your continuation of Short Term Disability benefits will be denied. Please fax all pertinent medical documentation to 518-880-6610. If you are returning to work please fax a copy of your return to work release form to Reed Group at 518-880-6610. Thank you.						
9/30/2008	9/30/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
9/30 cmt. Ee called with update. He faxed ppw including ap form. Doc wants ee out till 10/27. also faxing PT script and list of meds.						
9/30/2008	9/30/2008	Correspondence	Pelton, Patrick		Forms	Authorization to Disclose Medical Information
Authorization to Disclose Medical Information						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
9/30/2008	9/30/2008	Correspondence	Pelton, Patrick		Forms	Reimbursement Agreement
Reimbursement Agreement						
10/6/2008	10/6/2008	Task	zzTeta, Cristina		Case Review	Determination Extension
review for rtw or deny						
10/1/2008	10/6/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached APS and AP note						
10/6/2008	10/6/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
10/6/2008	10/6/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
10/6/2008	10/6/2008	Correspondence	zzTeta, Cristina		Medical Documentation	Case Information
10/6 cmt. Ee faxed list of medications and copy of script. Cyclobenzaprim, Naproxin, Carisopropud, Meloxicam, Lortab, Lexapro, Klonopin. PT 3x week.						
10/6/2008	10/6/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Medical Documentation	Complete Medical - Initial
10/6 cmt. Reviewed aps. Tenosynovitis L ankle 727.06, Lumbar Sprain 847.2. Cam walker left foot. PT 3 x week. NDOT 10/17, est rtw 10/27.						
10/7/2008	10/7/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
10/7 cmt. Ee requested NCM to notify ee's supervisor of revised rtw date of 10/27. NCM will fax supervisor. EE attending PT 3X week. Helps with lower back. Still having foot pain and swelling. Continues to wear Cam boot.						
10/7/2008	10/7/2008	Correspondence	zzTeta, Cristina	Rosado, Jose L	Employer Notification	RTW
Please be advised, Mr. Van Deventer's estimated return to work date has been extended to 10/27/08.						
Thank you,						
Cristina Teta						
Reed Group						
15 Tech Valley Drive						
East Greenbush, NY 12061						
866.829.8861						
518.880.6610FAX						
cteta@rgl.net						
http://www.rgl.net						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
	10/7/2008	Mail Merge	zzRussell, Sharon		Employee Notification	STD Extension Approval Letter
STD FMLA Extension Approval Letter						
10/7/2008	10/8/2008	Task	Gibson, Heather		Employee Notification	STD Extension Approval Letter
send std/fmla extension approval letter***sent to qa by sb***						
10/20/2008	10/20/2008	Task	zzRussell, Sharon		Employee Contact	Reminder Call for Extension or RTW
5 day reminder call; authed thru 10/26/08***called ee at (732) 270-2897 and advised him as follows: I have been informed by your case manager that your short term disability case was approved through 10/26/08 with a return to work date of 10/27/08. If you will not be returning to work on that date it will be necessary for you to submit additional medical documentation to support the extended absence or your case will be closed and your continuation of your STD benefits will be denied. Please fax all pertinent medical documentation to 518-880-6610. If you are returning to work please fax a copy of your return to work release form to Reed Group at 518-880-6610. Thank you for your cooperation.***					Hello, this is a reminder call from the Reed Group, disability manager for Johnson & Johnson. If you will not be returning to work on that date it will be necessary for you to submit additional medical documentation to support the extended absence or your case will be closed and your continuation of your STD benefits will be denied. Please fax all pertinent medical documentation to 518-880-6610. If you are returning to work please fax a copy of your return to work release form to Reed Group at 518-880-6610. Thank you for your cooperation.***	
10/20/2008	10/20/2008	Phone Call	zzTeta, Cristina		Message Received	Case Follow-Up
10/20 cmt. Ee left message for call back. Needs RTW form faxed. Still having PT. Dr. has different rtw date.						
10/21/2008	10/21/2008	Correspondence	zzTeta, Cristina		Forms	Forms to Send
10/21 cmt. RTW form faxed to ee. Efax successful.						
10/21/2008	10/21/2008	Phone Call	zzTeta, Cristina		Employee Contact	Response to Message Left
10/21 cmt. NCM called ee. Had appt with ortho surgeon on 10/17. Saw improvement. Boot starting to work, but foot only half of what it should be. Keep ee in boot. Keep PT for 3 more weeks. EE still having numbness bothering left leg and lower back. Had PT 10/20. Boot is limiting PT as to what they can do. Foot still swollen. Doctor estimates ee will rtw on 11/17/08. NCM informed ee he is authed thru 10/26 and to have provider fax office notes and PT script to Reed in order to extend case. EE verbalized understanding.					Response to Message Left	
10/24/2008	10/24/2008	Phone Call	zzTeta, Cristina		Employee Contact	Response to Message Left
10/24. NCM informed ee his case will be extended thru 11/16 with a rtw date of 11/17. EE still has cast. Going to PT 3 times a week. Has f/u with provider on 11/10/08. Mother is in hospital has brain cancer. Only has one month to live. Hospice care. Mother will live with ee with hospice home care.					Response to Message Left	
10/24/2008	10/24/2008	Correspondence	zzTeta, Cristina	Rosado, Jose L	Employer Notification	RTW
Please be advised, based on additional medical information received, Ralph Van Deventer's absence has been extended through 11/16/08, with an estimated return to work of 11/17/08.					RTW	
Thank you,						
Cristina Teta						
Reed Group						
15 Tech Valley Drive						
East Greenbush, NY 12061						
866.829.8861						
518.880.6610FAX						
cteta@rgl.net						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
http://www.rgl.net						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
	10/27/2008	Mail Merge	zzRussell, Sharon		Employee Notification	STD Extension Approval Letter
STD FMLA Extension Approval Letter						
10/27/2008	10/28/2008	Task	Gibson, Heather		Employee Notification	STD Extension Approval Letter
send std/fmla extension approval letterqa complete						
11/10/2008	11/10/2008	Task	zzRussell, Sharon		Employee Contact	Reminder Call for Extension or RTW
5 day reminder call; authed thru 11/16/08***called ee at (732) 881-0506 and lm as follows: Hello, this is a reminder call from the Reed Group, disability manager for Johnson & Johnson. I have been informed by your case manager that your short term disability case was approved through 11/16/08 with a return to work date of 11/17/08. If you will not be returning to work on that date it will be necessary for you to submit additional medical documentation to support the extended absence or your case will be closed and your continuation of your STD benefits will be denied. Please fax all pertinent medical documentation to 518-880-6610. If you are returning to work please fax a copy of your return to work release form to Reed Group at 518-880-6610. Thank you for your cooperation.***						
10/22/2008	11/11/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached AP note						
10/22/2008	11/11/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached AP note						
11/11/2008	11/11/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
11/11 cmt. EE called in with update. He saw ortho on 11/10. ankle is looking better. Achilles doing good, but sore in morning or when immobile for a period of time. EE still wearing CAM boot and continuing with PT 3 x per week. Having lower back pain. Has MRI scheduled for 11/13. NCM informed ee he is authed thru 11/16. Reed needs to receive updated medical information by 11/16 to extend case if not going back to work on 11/17. ee said it seems unlikely he will rtw on 11/17 considering everything that is going on.						
11/11/2008	11/11/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Medical Documentation	Case Information
11/11 cmt. Reviewed doctor note dated 10/17. ee still having difficulty with both his lumbar spine and achilles tendon. Achilles tendon continues to demonstrate a mass, which is palpable and tender. Back still reveals some residual spasm but negative straight leg raising and no neurologic deficits. Continue with PT, continue oow. Return in one month.						
11/11/2008	11/11/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Case Information
11/11 cmt. Reviewed pt script dated 10/24. ee to continue with pt 3x per week for 3 more weeks.						
11/14/2008	11/14/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
11/14 cmt. Ee has doctor note keeping him oow until 12/1/08. ee will fax note to Reed Group. EE still sore. Hoping to go back to work on 12/1. Had MRI on 11/13/08. Will be scheduling appointment with doctor to follow up.						
11/14/2008	11/14/2008	Correspondence	zzTeta, Cristina	Rosado, Jose L	Employer Notification	RTW
Please be advised, due to additional documentation received, Mr Van Deventer's absence has been extended thru 11/30/08, with an estimated return to work date of 12/1/08.						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
<p>Thank you,</p> <p>Cristina Teta</p> <p>Reed Group</p> <p>15 Tech Valley Drive</p> <p>East Greenbush, NY 12061</p> <p>866.829.8861</p> <p>518.880.6610FAX</p> <p>cteta@rgl.net</p> <p>http://www.rgl.net</p>						
<p>This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.</p>						
11/17/2008	11/18/2008	Task	zzTeta, Cristina		Case Review	Case Follow-Up
review for rtw or denial						
11/12/2008	11/18/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached med info						
11/14/2008	11/18/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached med info						
11/17/2008	11/18/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached AP note						
11/17/2008	11/18/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached AP note						
11/19/2008	11/18/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
11/18/2008	11/18/2008	Correspondence	zzTeta, Cristina		Medical Documentation	Complete Medical - Initial
11/18 cmt. Reviewed MRI results from 11/13/08. ee with chronic back pain. Disc bulge L4-L5 and L3-L4 with a superimposed disc herniation in the right neural foramen at L4-L5. Degenerative Changes.						

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Date Due	Date Complt	Type	Case Manager	Person Contacted	Event Description	Reference To
11/18/2008	11/18/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Case Information
11/18 cmt. Reviewed excuse slip. Ee oow till 12/1 for left achilles tendon and lumbar sprain.						
11/18/2008	11/18/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Medical Documentation	Complete Medical - Initial
11/18 cmt. Reviewed provider note dated 11/10/08. Left Achilles tendon seems to be improved. Mass has decreased. Tenderness is less. EE continues with walking boot. EE still has significant lower back pain. No change in neurologic status, but he is c/o increased left sciatica. MD is ordering MRI of lumbar spine. Ee to continue with PT and return in one month.						
11/19/2008	11/19/2008	Task	Gibson, Heather		Employee Notification	STD Extension Approval Letter
send std/fmla extension approval letter. **sent to qa...eb**						
11/19/2008	11/19/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
11/19 cmt. Ee called in to verify receipt of MRI results. NCM confirmed receipt. EE has appt with Ortho surgeon on 11/24 and is going to PT today (11/19). NCM informed ee he is auth'd thru 11/30 with est. rtw of 12/1/08. If ee not rtw on 12/1 Reed Group needs to have additional medical documentation submitted before 12/1 in order to extend case. EE verbalized understanding.						
	11/19/2008	Mail Merge	zzBrache, Emily		Employee Notification	STD Extension Approval Letter
sent +FMLA						
11/20/2008	11/20/2008	Phone Call	Wadsworth, Mary Ellen	Vaccaro***, Kathy	Employer Contact	Case Follow-Up
11/20/08 mew: OHN called looking for update on case. Explained to OHN that ee has been auth'd through 11/30/08.						
11/21/2008	11/21/2008	Phone Call	zzTeta, Cristina		Message Received	Case Follow-Up
11/21 cmt. Ee left message for call back re: rtw form questions.						
11/21/2008	11/21/2008	Phone Call	zzTeta, Cristina		Employee Contact	Response to Message Left
11/21 cmt. Call placed to ee. EE has anxiety re: going back to work because healing is taking a long time. Saw psychiatrist for anxiety. EE will discuss restrictions with Ortho during visit on 11/24. EE wants to work from home part of the week when he goes back to work. Not sure if manager will accommodate. Going to PT 3 x a week. Going for two more weeks.						
11/24/2008	11/25/2008	Task	zzJackson, Latonya		Employee Contact	Reminder Call for Extension or RTW
5 day reminder call; auth'd thru 11/30/08—I have been informed by your case manager that your short term disability case was approved through 11/30/08 with a return to work date of 12/1/08. If you will not be returning to work on that date it will be necessary for you to submit additional medical documentation to support the extended absence or your case will be closed and your continuation of Short Term Disability benefits will be denied. Please fax all pertinent medical documentation to 518-880-6610. If you are returning to work please fax a copy of your return to work release form to Reed Group at 518-880-6610. Thank you.						
11/26/2008	11/26/2008	Phone Call	zzTeta, Cristina		Message Received	Case Follow-Up
11/26 cmt. EE left message on 11/25. Had f/u with ortho on 11/24. Discussed MRI results. PT now has permission to work ee's back and feet for 4 weeks. Provider wants ee oow until 12/29. Has f/u on 12/22. If PT not helping, ee may have to go to Pain Mgmt. EE requested office notes be faxed to Reed Group.						
11/26/2008	11/26/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
11/26 cmt. EE called in. EE asked provider to fax over ppw to extend case. EE will f/u with NCM at 4pm today (11/26 to confirm if ppw received.).						
11/26/2008	11/26/2008	Correspondence	zzTeta, Cristina		Employer Notification	Case Follow-Up
Please be advised, due to additional documentation received today, Mr. Van Deventer's std has been extended through 12/28/08 with an estimated return to work of 12/29/08.						
Thank you,						
Cristina Teta						
Reed Group						
15 Tech Valley Drive						
East Greenbush, NY 12061						

Events

Date Due	Date Complt	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
866.829.8861						
518.880.6610FAX						
cteta@rgl.net						
http://www.rgl.net						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
12/1/2008	12/2/2008	Task	zzBrache, Emily	Rosado, Jose L	Employee Notification	STD Approval/FMLA Exhaustion Letter
send fmla exhaustion letter.***sent to qa hg*** **QA completed, email sent**						
	12/2/2008	Mail Merge	Gibson, Heather		Employee Notification	STD Approval/FMLA Exhaustion Letter
STD Approval - FMLA Exhaustion Letter						
11/26/2008	12/5/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
12/1/2008	12/5/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached AP note						
12/5/2008	12/5/2008	Phone Call	zzTeta, Cristina		Message Received	Case Follow-Up
12/5 cmt. EE called in re: fmla exhaustion letter received and status of std extension.						
12/15/2008	12/8/2008	Task	zzTeta, Cristina		Case Review	Case Follow-Up
review for rtw or denial.- case extended.						
12/8/2008	12/8/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Case Information
12/8 cmt. Doctor's note documented. Reviewed md note dated 11/24/08. EE with Achilled Tenosynovitis. Lumbar Sprain L4- L5. No work until 12/29/08						
12/8/2008	12/8/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Complete Medical - Initial
12/8 cmt. Doctor's note documented. Reviewed md note. Dated 11/24. EE had MIR of L-spine. Disc bulge at L4-L5 with superimposed disc herniation along the right neural foramina at L4-L5. Diffuse degenerative change. EE still significantly tender over the Achilles. EE will continue physical therapy and be kept oow. f/u in four weeks.						
12/8/2008	12/8/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Case Information
12/8 cmt. Documented px. Reviewed rx for physical therapy. EE to have PT 3 x a week for 4 weeks for back and ankle. Script dated 11/24/08.						
12/8/2008	12/8/2008	Correspondence	zzTeta, Cristina		Case Review	Case Information
12/8 cmt. EE correspondence documented. EE had ov 11/24. Doctor told ee that if after this round of PT there is still no improvement, doctor would recommend a pain mgmt treatment so that ee						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
can rtw. Doctor wants ee to remain oow until 12/29/08 while he participates in PT program. EE has fu appt. on 12/22/08 with Dr. Strouse.						
12/8/2008	12/8/2008	Phone Call	zzTeta, Cristina		Employee Contact	Response to Message Left
12/8 cmt. Physical therapy is going well. It is helping with back and foot. Progressing well. No longer using cam boot. Takes hydrocodone for pain prn. Usually just takes one at night.						
12/9/2008	12/9/2008	Task	Gibson, Heather		Employee Notification	STD Extension Approval Letter
send std extension approval letter. ***sent to qa 12/9/08***						
	12/9/2008	Mail Merge	zzRussell, Sharon		Employee Notification	STD Extension Approval Letter
STD Extension Approval Letter						
11/26/2008	12/13/2008	Task	zzMoussa, Kathleen		Case Review	STD Monthly Status Report
STD Monthly Status Report						
11/19/2008	12/13/2008	Task	zzMoussa, Kathleen		Case Review	Case Management Plan
Update CP						
12/13/2008	12/13/2008	Case Review	zzMoussa, Kathleen		Case Review	Care Plan - Back Pain
Care/Case Management Plan 2: Low Back Injury/Disease 12/13/08 kam						
Referral triggers: Lumbosacral sprain, intervertebral disc herniation, degenerative disease of the lower spine traumatic injuries; e.g. osteoarthritis, ankylosing spondylitis, congenital problems; scoliosis, instabilities; spondylolisthesis, organic diseases; tumors, Joint syndromes; facet syndrome, muscle inflammation; non specific back pain. 12/13/08 kam						
Problem #1: Employee is not achieving optimal health due to alteration in comfort: Pain 90 Day Report Template						
Age: Job title: 1st Date of Disability: Diagnosis: Nature of surgery & date: (op report should be available for reference)						
Therapy: (date started, how often, type ex- pt, rehab, counseling, ot, st. Notes should be available for reference)						
Diagnostic Testing: (mri, emg, biopsy, x-ray, ect. Results should be available for reference)						
Job Duties: (lifting #, standing requirements, freq wrist movement, current class ect. JA should be available for reference)						
Co-morbid: (overweight, cardiac, previous miscarriages, ect)						
Plan: 1) Has case exceeded the optimum duration?						
□2) If case has exceeded the optimum duration, please explain why.						
□3) Explain case management plan:						
4) Has case been referred for review? (BMI, peer, IME, ect. Include date and results)						

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Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
5)Note any additional treatment plans:						
6) Has RTW been discussed including modified:						
Week 18: Ltd Application sent date: Received date:						
Ltd Roll Date:						
Short Term Goal: Employee will report a decrease in discomfort from initial assessment and a plan will be established to address needs. Within three days of employee contact.						
Long Term Goal:						
Employee will return to pre-injury/illness pain free state within projected MDA guidelines.						
Interventions for short term goals:						
•□Educate the employee on possible complications and elimination of factors that precipitate pain.						
•□Teach employee methods to reduce pain before it becomes too severe both pharmacological and non pharmacological methods for reducing pain/promoting comfort: back rubs, slow rhythmic breathing, repositioning, and divisional activities.						
•□Contact the employees physician to confirm the treatment plan, diagnoses, expected recovery time and expected MMI.						
•□Follow up call to member at defined interval						
•□Listen to employee in a non judgmental manner.						
•□Identify barriers						
•□Offer assistance and support						
Interventions for long term goals:						
•□Review individual plan of action with the employee						
•□Assess employee has made the needed changes in his/her medical treatment influencing disability duration.						
•□Assessment of functional ability/attainment of maximal functional ability.						
•□Timely return to normal activities and employment.						
•□Appropriate utilization of resources						
•□Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies.						
•□Instruction on prevention of re-injury and decreased disability						
•□Provide knowledge on provision of quality, cost effective care						
•□Ensure employee has a plan in place to address barriers.						
•□Provide Human Resources with confidential reports and opportunities to improve your care and treatment plans.						
•□Review individual plan of action with the employee and document in a written plan any accommodations designed to promote timely and safe transition back to full work productivity.						
Problem #2: Employee is not achieving optimal health due to alteration in physical activity and inability to move purposefully within the environment.						
Short Term Goal:						
1.□Employee will be knowledgeable of safety related issues due to activity limitations within three days of employee contact						
2.□Employee will demonstrate increased mobility/activity utilizing appropriate DME equipment within one week of injury/illness.						
Long Term Goal:						
Employee will progress to the highest level of mobility possible within limitations of diagnoses per MDA guidelines.						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
<p>Interventions for short term goals:</p> <ul style="list-style-type: none"> •□Employee will reduce or eliminate contributing factors by assess employees schedule. Allow rest periods between all activities. •□Assist to identify safety hazards in members environment or daily routine •□Encourage person to note daily progress. •□Evaluate employees strength and degree of mobility through office notes or physical therapy notes •□Work with Physical therapist to obtain current treatment plan •□Evaluate for proper use of function and adaptive equipment •□Evaluate proper referral to PT,OT, or other •□Encourage relaxation training <p>Interventions for long term goals:</p> <ul style="list-style-type: none"> •□Assess employee has made the needed changes in his/her medical treatment influencing disability duration. •□Assessment of functional ability/attainment of maximal functional ability. •□Timely return to normal activities and employment. •□Plan and share necessity of learning outcomes with the employee. •□Appropriate utilization of resources •□Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies. •□Instruction on prevention of re-injury and decreased disability •□Prevention of possible complications •□Ensure employee has a plan in place to address barriers. •□Provide Human Resources and doctor with confidential reports and opportunities to improve your care and treatment plans. •□To achieve consistent, quality care by using nationally recognized clinical guidelines. <p>Criteria for Case management closure</p> <ul style="list-style-type: none"> •□Functional improvement •□Relief / reduction of pain and symptoms •□Appropriate utilization of resources and benefits •□Avoidance of unnecessary surgery, hospitalization and surgery •□Employee satisfaction with medical care, case management services. •□Early return to work •□Safety issues have been identified •□Medically cleared to return to work <p>Case Management Resources:</p> <ul style="list-style-type: none"> □ http://www.highbeam.com/library/ http://www.americanhealthways.com/regence/CBP/Member/02.asp?CInt=001&Prog=CBP&Cat=Mbr&typ=001#2 Aetna low back manual Conte L, Timir B, The rehabilitation of persons with low back pain. Journal of Rehabilitation, April, 1993 The Medical Disability Advisor, Presley Reed, MD Fourth Edition http://www.mcentral.com/careplans/plans/ai.html Praemer, A, Furner, S, Rice, D, Musculoskeletal Conditions in the United States, 1992, American Academy of Orthopedic Surgeons. Taylor V, Deyo R, Cherkin D, Kreeulter W, Freidlieb O, The impact of managed care on the diagnosis and treatment of low back pain: a preimariy report. American Journal of Medical Quality 1994. vol 9 1. 						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
12/13/2008	12/13/2008	Case Review	zzMoussa, Kathleen		Meeting Candidate	STD Monthly Status Report
<p>12/13/08 kam 90 Day Report Template</p> <p>Age: 50 Job title: Sr Compliance Analyst 1st Date of Disability: 9/8/08 Diagnosis: frmDisability_Diagnoses Description Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine Tenosynovitis of Foot and Ankle Degeneration of Thoracic or Lumbar Intervertebral Disc</p> <p>Nature of surgery & date: (op report should be available for reference) none</p> <p>Therapy: (date started, how often, type ex- pt, rehab, counseling, ot, st. Notes should be available for reference) pt</p> <p>Diagnostic Testing: (mri, emg, biopsy, x-ray, ect. Results should be available for reference) xray</p> <p>Job Duties: (lifting #, standing requirements, freq wrist movement, current class ect. JA should be available for reference) : EE works as a Sr. Complaint Analyst. JA notes frequent lifting up to 10 lbs, seldom up to 100 lbs. Seldom pushing, pulling, or reaching. Frequent sitting, occasional walking. ee has heavy job class</p> <p>Co-morbid: (overweight, cardiac, previous miscarriages, ect)</p> <p>Plan: 1) Has case exceeded the optimum duration? no</p> <p>Q2) If case has exceeded the optimum duration, please explain why.</p> <p>Q3) Explain case management plan:</p> <p>4)Has case been referred for review? (BMI, peer, IME, ect. Include date and results) no</p> <p>5)Note any additional treatment plans:</p> <p>6) Has RTW been discussed including modified: no</p> <p>Week 18: Ltd Application sent date: Received date:</p> <p>Ltd Roll Date: 3/8/09</p>						
12/22/2008	12/22/2008	Task	zzJackson, Latonya		Employee Contact	Reminder Call for Extension or RTW
5 day reminder call; authed thru 12/28/08—I have been informed by your case manager that your short term disability case was approved through 12/28/08 with a return to work date						

Events

Date Due	Date Complt	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
of 12/29/08. If you will not be returning to work on that date it will be necessary for you to submit additional medical documentation to support the extended absence or your case will be closed and your continuation of Short Term Disability benefits will be denied. Please fax all pertinent medical documentation to 518-880-6610. If you are returning to work please fax a copy of your return to work release form to Reed Group at 518-880-6610. Thank you.						
12/29/2008	12/26/2008	Task	Wallace, Maria	Network, Exam Coordinators	Case Review	IME-Independent Medical Examination
please set-up ortho ime. Per ee, please make appt. as close as possible to his house as he has difficulty with long-distance driving. Thank you.						
12/26/2008	12/26/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
12/26 cmt. Ee called in to check status of ppw. NCM verified ppw was received (pt script and referral to pain mgmt.) NCM advised ee to have doctor submit office notes stating ee's functional limitations. EE verbalized understanding and will f/u with provider on 12/29 as office is closed today (12/26).						
12/29/2008	12/29/2008	Task	zzTeta, Cristina		Case Review	Determination Extension
review for rtw or denial.						
12/26/2008	12/29/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
12/30/2008	12/29/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
12/29/2008	12/29/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
12/29 cmt. Ee called in to check status of ppw. NCM informed ee that note from provider is dated 11/24. ee will f/u with provider for more recent notes.						
12/30/2008	12/29/2008	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached AP note						
12/29/2008	12/29/2008	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
12/29 cmt. Ee called in to verify receipt of ppw. Informed ee that 2nd note was received.						
12/29/2008	12/29/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Complete Medical - Initial
12/29 cmt. Reviewed ap note dated 11/24/08. EE had MRI. Disc bulge at L4-L5 and L3-L4 with superimposed disc herniation along the right neural foramina at L4-L5. Diffuse degenerative changes. Significantly tender over the Achilles. Neurologic exam remains unchanged. Plan for now is to continue PT and keep oow. f/u in four weeks.						
12/29/2008	12/29/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Complete Medical - Initial
12/29 cmt. Reviewed ap note dated 12/22/08. ee is basically unchanged since 11/24 visit. Back is a chronic problem. Still has tenderness and swelling. Exam reveals spasm and limited motion. There is no change in his neurologic status. Still tender with swelling over the Achilles. Plan for now is to continue with PT. Also being referred to pain management specialist to see if epi blocks are indicated. f/u in one month. IME has been requested.						
12/29/2008	12/29/2008	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Complete Medical - Initial
12/29 cmt. Reviewed medical documentation received 12/26/08. Cover note from ee dated 12/23/08: EE saw ortho surgeon on 12/22. Wants ee oow one more month. Needs to undergo epidural block injections. Has f/u with Dr. Strouse on 1/20/09. estimated rtw is 1/29/09. Included: excuse slip for dates 12/22 - for one month. Script for PT dated 12/22 - continue PT for 3 x week for 4 more weeks. Referral to Pain Management Specialist consult dated 12/22/08. IME has been requested (still waiting for appointment date), will extend case out to 1/28/09 with estimated rtw 1/29, pending IME results.						
12/31/2008	12/30/2008	Task	zzMcRae, Megan	Network, Exam Coordinators	Vendor Contact	IME Attempt to Schedule
Call for the time and date of Ortho IME						
	12/30/2008	Mail Merge	zzRussell, Sharon		Employee Notification	STD Extension Approval Letter
STD Extension Approval Letter						
12/30/2008	12/31/2008	Task	Gibson, Heather		Employee Notification	STD Extension Approval Letter
send std extension approval letter.***sent to qa 12/30/08***						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
1/2/2009	1/2/2009	Task	zzMcRae, Megan		Employee Notification	IME Notification
Send EE IME Notification Letter for 1/13/2009 at 5pm with Dr. Heyman (HOPELAWN)						
1/2/2009	1/2/2009	Task	zzMcRae, Megan	Network, Exam Coordinators	Correspondence	IME Notification
Send Provider IME Notification Letter for 1/13/2009 at 5pm with Dr. Heyman, own occ						
1/2/2009	1/2/2009	Mail Merge	zzMcRae, Megan		Employee Notification	IME Notification
Sent EE IME Notification Letter						
1/2/2009	1/2/2009	Mail Merge	zzMcRae, Megan	Network, Exam Coordinators	Correspondence	IME Notification
Sent Provider IME Notification Letter						
1/9/2009	1/9/2009	Task	Wallace, Maria		Employee Contact	IME-Independent Medical Examination
Call EE to remind of IME on 1/13/2009 at 5 pm with Dr. Heyman						
1/9/2009	1/9/2009	Phone Call	Brannock, Susan		Spoke to	IME-Independent Medical Examination
spoke to ee to remind of IME on 1/13/2009 at 5 pm with Dr. Heyman						
1/12/2009	1/12/2009	Task	Pelton, Patrick		Employee Notification	LTD Application
LTD Application						
1/12/2009	1/12/2009	Mail Merge	Pelton, Patrick		Choices	LTD Application
1/14/2009	1/14/2009	Task	zzMcRae, Megan	Network, Exam Coordinators	Vendor Contact	IME-Independent Medical Examination
Call for next-day verbal						
1/14/2009	1/14/2009	Correspondence	zzMcRae, Megan	Network, Exam Coordinators	Correspondence	IME Attendance Confirmation
Good morning,						
The claimant above DID show for his IME yesterday afternoon.						
As soon as the report is received, we will email it over to you.						
Thank you,						
Cathy Smith						
Director of Operations						
Exam Coordinators Network						
123 NW 13th Street, Suite 207						
Boca Raton, FL 33432						
Tel: 877.463.9463						
Fax: 561.392.5881						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
Email: csmith@ecnime.com						
	1/14/2009	Mail Merge	zzBrache, Emily		Employer Notification	Initial OHN2 Contact
1/27/2009	1/15/2009	Task	zzMcRae, Megan	Network, Exam Coordinators	Vendor Contact	IME-Independent Medical Examination
Call for final IME report from 1/13/2009 at 5pm with Dr. Heyman						
1/15/2009	1/15/2009	Correspondence	zzMcRae, Megan	Network, Exam Coordinators	Correspondence	IME Final Report Received
Received final IME report						
1/16/2009	1/16/2009	Task	zzTeta, Cristina		Case Review	Fax Review
IME Report						
1/19/2009	1/19/2009	Task	Peters, Jamie		Case Review	Case Information
update ncp						
1/19/2009	1/19/2009	Task	Peters, Jamie	Strouse, Irving (Dr.)	Case Review	Case Follow-Up
fax IME to provider.						
1/19/2009	1/19/2009	Correspondence	Peters, Jamie	Strouse, Irving (Dr.)	Correspondence	Case Information
2:38 PM 1/19/2009 Transmission Record <input type="checkbox"/> Sent to: Dr. Irving Strouse <input type="checkbox"/> Phone: 417325711937 <input type="checkbox"/> Billing information: ", " <input type="checkbox"/> Remote ID: 7325711937 <input type="checkbox"/> Unique ID: "JPE4974904B5AB2" <input type="checkbox"/> Elapsed time: 1 minutes, 54 seconds. <input type="checkbox"/> Used channel 2. <input type="checkbox"/> No ANI data. <input type="checkbox"/> No AOC data. <input type="checkbox"/> Resulting status code (0/339; 0/0): Success <input type="checkbox"/> Pages sent: 1 - 7 2:46 PM 1/19/2009 View Record <input type="checkbox"/> Viewed by: JPETERS						
1/19/2009	1/19/2009	Case Notes	Peters, Jamie		Case Review	Care Plan - Back Pain
Care/Case Management Plan 2: Low Back Injury/Disease 12/13/08 kam						
Referral triggers: Lumbosacral sprain, intervertebral disc herniation, degenerative disease of the lower spine traumatic injuries; e.g. osteoarthritis, ankylosing spondylitis, congenital problems; scoliosis, instabilities; spondylolisthesis, organic diseases; tumors, Joint syndromes; facet syndrome, muscle inflammation, non specific back pain.12/13/08 kam Problem #1: Employee is not achieving optimal health due to alteration in comfort: Pain 90 Day Report Template						

Age:


Events

Date Due	Date Complttd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
Job title: 1st Date of Disability: Diagnosis: Nature of surgery & date: (op report should be available for reference) Therapy: (date started, how often, type ex- pt, rehab, counseling, ot, st. Notes should be available for reference) Diagnostic Testing: (mri, emg, biopsy, x-ray, ect. Results should be available for reference) Job Duties: (lifting #, standing requirements, freq wrist movement, current class ect. JA should be available for reference) Co-morbid: (overweight, cardiac, previous miscarriages, ect) Plan: 1) Has case exceeded the optimum duration? <input type="checkbox"/> 2) If case has exceeded the optimum duration, please explain why. <input type="checkbox"/> 3) Explain case management plan: 4) Has case been referred for review? (BMI, peer, IME, ect. Include date and results) 5) Note any additional treatment plans: 6) Has RTW been discussed including modified: Week 18: Ltd Application sent date: Received date: Ltd Roll Date: Short Term Goal: Employee will report a decrease in discomfort from initial assessment and a plan will be established to address needs. Within three days of employee contact. Long Term Goal: Employee will return to pre-injury/illness pain free state within projected MDA guidelines. 1/19/09 JP Interventions for short term goals: • <input type="checkbox"/> Educate the employee on possible complications and elimination of factors that precipitate pain. • <input type="checkbox"/> Teach employee methods to reduce pain before it becomes too severe both pharmacological and non pharmacological methods for reducing pain/promoting comfort: back rubs, slow rhythmic breathing, repositioning, and divisional activities. • <input type="checkbox"/> Contact the employees physician to confirm the treatment plan, diagnoses, expected recovery time and expected MMI. • <input type="checkbox"/> Follow up call to member at defined interval • <input type="checkbox"/> Listen to employee in a non judgmental manner. • <input type="checkbox"/> Identify barriers • <input type="checkbox"/> Offer assistance and support Interventions for long term goals: • <input type="checkbox"/> Review individual plan of action with the employee						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
<ul style="list-style-type: none"> •□Assess employee has made the needed changes in his/her medical treatment influencing disability duration.1/19/09 JP •□Assessment of functional ability/attainment of maximal functional ability. •□Timely return to normal activities and employment. •□Appropriate utilization of resources •□Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies. •□Instruction on prevention of re-injury and decreased disability1/19/09 JP •□Provide knowledge on provision of quality, cost effective care •□Ensure employee has a plan in place to address barriers. •□Provide Human Resources with confidential reports and opportunities to improve your care and treatment plans. •□Review individual plan of action with the employee and document in a written plan any accommodations designed to promote timely and safe transition back to full work productivity. <p>Problem #2: Employee is not achieving optimal health due to alteration in physical activity and inability to move purposefully within the environment.</p> <p>Short Term Goal:</p> <p>1.□Employee will be knowledgeable of safety related issues due to activity limitations within three days of employee contact</p> <p>2.□Employee will demonstrate increased mobility/activity utilizing appropriate DME equipment within one week of injury/illness.</p> <p>Long Term Goal:</p> <p>Employee will progress to the highest level of mobility possible within limitations of diagnoses per MDA guidelines.1/19/09 JP</p> <p>Interventions for short term goals:</p> <ul style="list-style-type: none"> •□Employee will reduce or eliminate contributing factors by assess employees schedule. Allow rest periods between all activities.1/19/09 JP •□Assist to identify safety hazards in members environment or daily routine •□Encourage person to note daily progress. •□Evaluate employees strength and degree of mobility through office notes or physical therapy notes •□Work with Physical therapist to obtain current treatment plan1/19/09 JP •□Evaluate for proper use of function and adaptive equipment •□Evaluate proper referral to PT,OT, or other •□Encourage relaxation training <p>Interventions for long term goals:</p> <ul style="list-style-type: none"> •□Assess employee has made the needed changes in his/her medical treatment influencing disability duration. •□Assessment of functional ability/attainment of maximal functional ability. •□Timely return to normal activities and employment.1/19/09 JP •□Plan and share necessity of learning outcomes with the employee. •□Appropriate utilization of resources •□Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies. •□Instruction on prevention of re-injury and decreased disability 1/19/09 JP •□Prevention of possible complications1/19/09 JP •□Ensure employee has a plan in place to address barriers. •□Provide Human Resources and doctor with confidential reports and opportunities to improve your care and treatment plans. •□To achieve consistent, quality care by using nationally recognized clinical guidelines. <p>Criteria for Case management closure</p> <ul style="list-style-type: none"> •□Functional improvement •□Relief / reduction of pain and symptoms •□Appropriate utilization of resources and benefits •□Avoidance of unnecessary surgery, hospitalization and surgery •□Employee satisfaction with medical care, case management services. •□Early return to work •□Safety issues have been identified 						

Events

Date Due	Date Complt	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes • <input type="checkbox"/> Medically cleared to return to work Case Management Resources: <input type="checkbox"/> http://www.highbeam.com/library/ http://www.americanhealthways.com/regence/CBP/Member/02.asp?CInt=001&Prog=CBP&Cat=Mbr&typ=001#2 Aetna low back manual Conte L, Timir B, The rehabilitation of persons with low back pain. Journal of Rehabilitation, April, 1993 The Medical Disability Advisor, Presley Reed, MD Fourth Edition http://www.rncentral.com/careplans/plans/ai.html Praemer, A, Furner, S, Rice, D, Musculoskeletal Conditions in the United States, 1992, American Academy of Orthopedic Surgeons. Taylor V, Deyo R, Cherkin D, Kreeulter W, Freidlieb O, The impact of managed care on the diagnosis and treatment of low back pain: a preimariy report. American Journal of Medical Quality 1994. vol 9 1.						
1/19/2009	1/20/2009	Task	zzTeta, Cristina		Case Review	STD Monthly Status Report
monthly report						
1/20/2009	1/20/2009	Case Review	zzMoussa, Kathleen		Meeting Candidate	STD Monthly Status Report
1/20/09 kam 120 Day Report Template Age:  Job title: Sr Compliance Analyst 1st Date of Disability: 9/8/08 Diagnosis: frmDisability_Diagnoses Description Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine Tenosynovitis of Foot and Ankle Degeneration of Thoracic or Lumbar Intervertebral Disc Nature of surgery & date: (op report should be available for reference) none Therapy: (date started, how often, type ex- pt, rehab, counseling, ot, st. Notes should be available for reference) pt Diagnostic Testing: (mri, emg, biopsy, x-ray, ect. Results should be available for reference) xray Job Duties: (lifting #, standing requirements, freq wrist movement, current class ect. JA should be available for reference) : EE works as a Sr. Complaint Analyst. JA notes frequent lifting up to 10 lbs, seldom up to 100 lbs. Seldom pushing, pulling, or reaching. Frequent sitting, occasional walking. ee has heavy job class						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
Co-morbid: (overweight, cardiac, previous miscarriages, ect)						
Plan: 1) Has case exceeded the optimum duration? no						
□2) If case has exceeded the optimum duration, please explain why.						
□3) Explain case management plan:						
4)Has case been referred for review? (BMI, peer, IME, ect. Include date and results) no						
1/20/09 kam IME done on 1/13/09 ee may return to work but has some restrictions. Ime faxed to md awaiting md response						
5)Note any additional treatment plans:						
6) Has RTW been discussed including modified: no						
Week 18: Ltd Application sent date:				Received date:		
Ltd Roll Date: 3/8/09						
1/28/2009	1/21/2009	Task	zzTeta, Cristina		Employee Contact	Case Follow-Up
monthly call						
1/21/2009	1/21/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
1/21 cmt. EE attended IME. EE states very nice doctor. Took his time with ee. EE met on 1/19 in pain institute as referred by dr. strouse for pain management. EE gave history. Dr. Strouse states pain mgmt. recommends epi bloc procedures. Health insurance being called for pre-approval. Ee hopes to get in to see pain mngmt. For epi block. Ee was supposed to see dr strouse on 1/20, but doctor had to cancel appointment. EE off phone with doctor on 1/21, still no appointment rescheduled with dr. strouse. EE feeling pretty much the same. Going to PT 2-3 times per week. Still having pain lower back pain, sciatica. If not careful, upper back also.						
1/21/2009	1/21/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
1/21 cmt. Ee called in to ask for IME report. Referred EE to primary doctor. EE states primary said they couldn't give results and to call Reed Group for results. NCM will review with CCM. EE discussed going back to work part-time. NCM advised ee to have provider submit rtw notice with restrictions listed. Ee verbalized understanding.						
1/23/2009	1/23/2009	Task	zzRussell, Sharon		Employee Contact	Reminder Call for Extension or RTW
5 day reminder call; authed thru 1/28/09***called ee [REDACTED] and advised him as follows: Hello, this is a reminder call from the Reed Group, disability manager for Johnson & Johnson. All calls are recorded for quality assurance. I have been informed by your case manager that your short term disability case was approved through 1/28/09 with a return to work date of 1/29/09. If you will not be returning to work on that date it will be necessary for you to submit additional medical documentation to support the extended absence or your case will be closed and your continuation of your STD benefits will be denied. Please fax all pertinent medical documentation to 518-880-6610. If you are returning to work please fax a copy of your return to work release form to Reed Group at 518-880-6610. Thank you for your cooperation.***						
1/23/2009	1/23/2009	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
1/23/2009	1/23/2009	Correspondence	zzTeta, Cristina		Case Review	Case Information
1/23 cmt. Reviewed letter written by ee dated 1/21 sent to NCM's attention. EE referencing two medical documents included in fax. 1.)EE questioning if doctor's note provided (from 9/2008) allowing ee to work part-time from home is sufficient to allow him to begin working part-time. EE states his primary and the IME provider could not understand why employer (ee's manager) will not accommodate part-time as it would benefit the company. EE asking NCM to negotiate with JnJ. 2.) EE provided copy of note from psychiatrist office regarding treatment received. EE states he is seeing psychiatrist because ee's current back condition has caused ee to to accept that he may never get better. This has caused ee to fell depressed and anxious. EE is also anxious about his job status. He feels he is afraid he is running out of time due to recent delays with his surgeon and pain management dotor and whether recent IME is in agreement with surgeon's diagnosis/conclusions. How does that translate to LTD approval or appeals or if ee loses job.						

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Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
1/23/2009	1/23/2009	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Case Information
1/23 cmt. Reviewed excuse slip dated 9/11/08. Diagnosis - osteoarthritis, lubar spine. Lumbar sprain, Left ankle Tenosynovitis. Patient able to work 2 hours a day from home. (no end date to restriction).						
1/23/2009	1/23/2009	Correspondence	zzTeta, Cristina	Cavanaugh, Colleen (Dr.)	Case Review	Case Information
1/23 cmt. Reviewed Doctor's note dated 1/13/09. EE has been under psychiatric care since 9/17/08. He is suffering from anxiety and depression. Taking medications (mbeds not listed).						
1/23/2009	1/23/2009	Correspondence	zzTeta, Cristina		Case Review	IME-Independent Medical Examination
1/23 cmt. IME documented. IME provider states current condition is partially preventing EE from functioning at ee's job because he is unable to really bend and lift. He can sit, if he sits comfortably and properly in a chair, he indated that he is unable to sit for longer than a half hour, but with proper coaching and proper teaching and sitting with a lumbar roll, he could possibly sit for longer. For ee to stand longer, he has to be able to exercise and strengthen his trunk muscles and his lower extremity muscles along with the muscles in his back, and based upon the exercises mentioned by ee, IME provider feels none of these exercises will accomplish what is necessary for ee. IME provider feels ee capable of performing current job in the SEDENTARY position and in walking around and standing for short periods of time. IME provider feels ee no longer requires he air walking CAM boot. He can be treated with either a lift inside the shoe or a lift outside the shoe to protect the Achilles Tendon. Therefore, IME provider thinks ee can perform his sitting and walking minimally, but does NOT think that ee can lift and put something up on a top shelf shoulder level. Functions ee NOT capable of: lifting heavy objects and bring them to shoulder level, standing for long periods of time, sitting for long periods of time. EE is capable of sitting for short periods of time with occasional standing and walking around and standing for short periods of time. IME provider thinks ee is capable of working 8 hours a day, but he will have to take frequent breaks, be able to stand and walk around with certain frequency and he must be sitting with a lumbar roll in the lumbar lordis to put the least amount of load and the least amount os strain on his back. IME provider DOES NOT AGREE with treatment to date. Recommends getting ee out of boot and put him in a shoe with a heel pad to elevate his heel or build up the outside of the shoe. Thinks that exercises for ee's Achilles tendon and for his foot are not indicated and he should be on a particular program to stretch hamstrings and stretch the piriformis on a daily basis and he should be on a stenghtening exercise program for his trunk, lower back muscles, quads and knee extenssor. The use of heel lift and heel pads should be until the swelling is down and he is comfortable, which may be 6-8 months, exercises need to be started immediately and they should be monitored for a short period of time at most 3 to 4 weeks, but need to continue for the rest of his life. Must also have lumbar roll whenever and wherever he sits.						
1/27/2009	1/27/2009	Case Review	Terry, Sherry		Employee Notification	LTD Application
Follow-up regarding LTD application.						
1/27/2009	1/27/2009	Task	zzTeta, Cristina		Case Review	Case Information
Look for IME response from AP						
1/27/2009	1/27/2009	Correspondence	Terry, Sherry		Case Review	LTD Application Review
No ITD application recd mailed 1/12/09 -IME scheduled for this 50 year old analyst						
1/27/2009	1/27/2009	Phone Call	zzTeta, Cristina		Employee Contact	Response to Message Left
1/27 cmt. Call placed to ee. Informed ee NCM will send reverse auth in order to send IME results. Will also be sending rtw note for his appt. today on 1/27/09 for doctor to fill in 2 hour a day restriction with end date to restriction. Informed ee we will be setting up neuro psyche exam due to diagnosis of depression. ee verbalized understanding.						
1/27/2009	1/27/2009	Correspondence	zzTeta, Cristina		Forms	Forms to Send
1/27 cmt. Faxed rtw form to ee.						
1/27/2009	1/27/2009	Correspondence	zzTeta, Cristina		Forms	Forms to Send
1/27 cmt. Faxed reverse auth to ee.						
1/28/2009	1/27/2009	Task	zzMcRae, Megan	Access, Medical Evaluations	Case Review	IME Attempt to Schedule
please set up neuro psyche IME for ee						
1/27/2009	1/27/2009	Case Notes	zzTeta, Cristina		Case Review	Case Follow-Up
1/27 cmt. No response from ee's pcp re: IME. EE is being set up for neuro psyche IME						
1/27/2009	1/27/2009	Correspondence	zzMcRae, Megan	Access, Medical Evaluations	Correspondence	IME Attempt to Schedule
Referral						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
1/28/2009	1/28/2009	Task	zzTeta, Cristina		Employee Notification	Case Follow-Up
send reverse auth to ee.						
1/28/2009	1/28/2009	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached reverse auth						
1/30/2009	1/28/2009	Task	zzMcRae, Megan	Access, Medical Evaluations	Vendor Contact	IME-Independent Medical Examination
Call for time and date of NPSY IME, own occ						
1/28/2009	1/28/2009	Phone Call	zzTeta, Cristina		Case Review	Fax Review
1/28 cmt. Reviewed signed reverse auth. Ee requesting copy of ime.						
1/28/2009	1/28/2009	Phone Call	zzTeta, Cristina		Message Received	Case Follow-Up
1/28 cmt. Ee left message. States ortho surgeon claims he never received copy of IME. Ee left number for call back to discuss.						
1/28/2009	1/28/2009	Phone Call	zzTeta, Cristina		Message Left	Response to Message Left
1/28 cmt. Left message on ee vm for call back. Left ncm name, # and Reeds hours of service.						
1/28/2009	1/28/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
saw pain management. Had first epi block on 1/26/09. scheduled for 2nd epi block on 2/11/09 and may be scheduled for 3rd epi block. Dr. strouse wants pt group to continue to work on foot and back. Ee did discuss part time hours with dr. strouse and dr will review and fax back to Reed Group. Pain mgmt is Dr. Quinnoes, pain institute in Brick, NJ. 732-477-4242.						
1/28/2009	1/28/2009	Correspondence	zzTeta, Cristina		Employee Notification	IME-Independent Medical Examination
1/28 cmt. Faxed IME to ee.						
1/28/2009	1/28/2009	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	IME-Independent Medical Examination
1/28 cmt. Faxed ime to provider.(2nd time faxed - provider claims he never received first IME faxed).						
1/28/2009	1/28/2009	Task	zzMcRae, Megan		Employee Notification	IME Notification
Send EE IME Notification Letter for 2/12/2009 at 10am with Dr. Kutner, bring snack or lunch (CRANBURY)						
1/28/2009	1/28/2009	Task	zzMcRae, Megan	Access, Medical Evaluations	Correspondence	IME Notification
Send Provider IME Notification Letter for 2/12/2009 at 10am with Dr. Kutner, own occ						
1/28/2009	1/28/2009	Mail Merge	zzMcRae, Megan		Employee Notification	IME Notification
Sent EE IME Notification Letter						
1/28/2009	1/28/2009	Mail Merge	zzMcRae, Megan	Access, Medical Evaluations	Correspondence	IME Notification
Sent Provider IME Notification Letter						
	1/28/2009	Mail Merge	zzJackson, Latonya		Employee Notification	STD Extension Approval Letter
STD Extension Approval Letter						
1/29/2009	1/29/2009	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached RTW and other medical info						
1/29/2009	1/29/2009	Phone Call	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	Case Follow-Up
1/29 cmt. Call placed to AP. Confirmed restrictions listed on release to work form will last at least until f/u visit on 3/3/09.						
1/29/2009	1/29/2009	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	RTW
1/29 cmt. Reviewed rtw note dated 1/28/09. EE may return to work on 2/2/09 with the following restrictions. May only work 3-4 hours per day from home in sedentary capacity.						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
1/29/2009	1/29/2009	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	Complete Medical - Initial
1/29 cmt. Reviewed office note dated 1/27/09. ee much improved as far as Achilles tendon is concerned. Less tenderness and better strength. May be weaned out of walking boot. Back pain – has seen pain mgmt. specialist and has had one epidural block so far. Another is scheduled in two weeks. No change in neurologic status. Does appear to be able to work limited duty, four hours per day.						
1/29/2009	1/29/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Employer Notification	RTW
Mr. Rosado,						
Please be advised, Mr. Van Deventer has been cleared to return to work on 2/2/09-with the following restrictions: May only work from home 4 hours per day. May only do sedentary work (Sitting most of time. No twisting, squatting, climbing. Brief periods of walking or standing, may only lift up to 10 lbs.). These restrictions would last at least until 3/3/09 at which time Mr. Van Deventer is scheduled to be re-evaluated by his physician. Please confirm if you are able to accommodate these restrictions. Thank you for your help.						
Thank you,						
Cristina Teta						
Reed Group						
15 Tech Valley Drive						
East Greenbush, NY 12061						
866.829.8861						
518.880.6610FAX						
cteta@rgl.net						
http://www.rgl.net						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
1/30/2009	1/29/2009	Task	zzTeta, Cristina		Case Review	Case Follow-Up
look for response to email sent on 1/29. Able to accommodate restrictions??						
1/29/2009	1/29/2009	Phone Call	zzTeta, Cristina	Rosado, Jose	Employer Contact	RTW
1/29 cmt. Ee's supervisor called in. confirmed that restrictions cannot be accommodated, also claims questionnaire filled out as to why restrictions cannot be accommodated.						
1/29/2009	1/29/2009	Phone Call	zzTeta, Cristina		Employee Contact	RTW
1/29 cmt. Call placed to ee. Left message on ee vm stating restrictions cannot be accommodated.						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
1/29/2009	1/29/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
1/29 cmt. Ee called in. He if faxing over PT notes. Wanted to know how ime doctor and his own doctor's opinion (if they differ) effect LTD determination status. NCM informed ee he is scheduled for Neuropsych IME and results would be reviewed. EE verbalized understanding.						
1/30/2009	1/30/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Case Review	RTW
The type of work that Mr. VanDeventer does cannot accomodate working from home. I can provide more details on the reasons why if you wish. We had indicated this in the paperwork that was submitted recently.						
-----Original Message----- From: Teta, Cristina [mailto:cteta@rgl.net] Sent: Thursday, January 29, 2009 1:33 PM To: Rosado, José Luis [OCDUS] Cc: Vaccaro, Kathryn [OCDUS] Subject: Mr. Ralph R. Van Deventer Jr.						
Mr. Rosado,						
Please be advised, Mr. Van Deventer has been cleared to return to work on 2/2/09 with the following restrictions: May only work from home 4 hours per day. May only do sedentary work (Sitting most of time. No twisting, squatting, climbing. Brief periods of walking or standing, may only lift up to 10 lbs.). These restrictions would last at least until 3/3/09 at which time Mr. Van Deventer is scheduled to be re-evaluated by his physician. Please confirm if you are able to accommodate these restrictions. Thank you for your help.						
Thank you,						
Cristina Teta						
Reed Group						
15 Tech Valley Drive						
East Greenbush, NY 12061						
866.829.8861						
518.880.6610FAX						
cteta@rgl.net						
http://www.rgl.net						

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Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
you for your cooperation.						
2/9/2009	2/2/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
11 am appt at 2/9 went to pain management for 2nd epidural block. First injection had no results. Has appt. 2/23 for third injection. Sprained left ankle after fall in driveway on 2/4. Became swollen black and blue, ee iced and elevated lfe. Helped a little bit. Able to walk on leg. Using cane. Pain Institute - 732-477-4242. Dr. Quinones. Brick, NJ.						
1/28/2009	2/3/2009	Task	Gibson, Heather		Employee Notification	STD Extension Approval Letter
send std extension approval letter.**sent to qa**						
2/4/2009	2/4/2009	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
2/2/2009	2/4/2009	Task	Decrescenzo, Rachael		Case Review	Fax Review
Please review attached application						
2/3/2009	2/4/2009	Task	Decrescenzo, Rachael		Case Review	Fax Review
Please review attached app forms						
2/4/2009	2/4/2009	Correspondence	Wallace, Maria	Network, Exam Coordinators	Case Review	IME-Independent Medical Examination
Hi Rick, Please check into this allegation and provide Reed a written statement from the IME provider. Thank you, Maria						
2/4/2009	2/4/2009	Correspondence	zzMcRae, Megan		Correspondence	IME-Independent Medical Examination
Received IME complaint from EE, attached in case and forwarded to vendor 2/4/2009						
2/4/2009	2/4/2009	Correspondence	zzTeta, Cristina		Case Review	Case Follow-Up
2/4 cmt. Reviewed letter from ee dated 1/29. EE disagrees with some of the information put forth in the IME. EE details each concern/complaint. NCM forwarded copy of letter to IME team who will f/u with IME provider.						
2/6/2009	2/6/2009	Correspondence	Terry, Sherry		Case Review	Case Information
Please review Application for disability						
2/10/2009	2/10/2009	Task	Brannock, Susan		Employee Contact	IME-Independent Medical Examination
Call EE to remind of IME on 2/12/2009 at 10am with Dr. Kutner, bring snack or lunch						
2/10/2009	2/10/2009	Task	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	Case Follow-Up
clarify rtw (4 hours a day at home) - call provider for end date and if hours are to be worked at home					E-mail worksite to see if they will accommodate.	
2/10/2009	2/10/2009	Phone Call	Brannock, Susan		Spoke to	IME Attempt to Schedule
spoke to ee to remind of IME on 2/12/2009 at 10am with Dr. Kutner, bring snack or lunch						
2/10/2009	2/10/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
2/10 cmt. Call placed to ee. Informed ee that LTD nurse will try expedite review of LTD ppw sent in, but can't promise a certain date for review.						
2/10/2009	2/10/2009	Phone Call	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	Case Follow-Up
2/10 cmt. Call placed to AP, spoke to Lynne. Clarified RTW portion of LTD aps. "Sedentary work, 4 hours a day" should include the phrase "from home." (worksite unable to accommodate restriction.)						

Events						
Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
2/10/2009	2/10/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
2/10 cmt. EE called in. Stated he was awake all night worrying if he will qualify for LTD. Doesn't understand why Reed Group may take up to 30 days to make a determination. States he is very worried he is not approved for LTD. NCM went over IME questions with ee and ltd questions. ee doesn't feel he is ready to go back to work for even 4 hours at a time, unless it is working from home (which worksite will NOT accommodate). EE has appointment for third epi injection. States first two epi injections have not helped his back so far.						
2/11/2009	2/11/2009	Task	zzMcRae, Megan	Network, Exam Coordinators	Case Review	IME-Independent Medical Examination
Follow up on allegation that was sent on 2/4/9 via email; ee complaint						
2/10/2009	2/11/2009	Task	zzBlack, Karrie		Case Review	LTD Application Review
Review LTD APS.						
2/13/2009	2/12/2009	Task	zzMcRae, Megan	Access, Medical Evaluations	Vendor Contact	IME-Independent Medical Examination
Call for next-day verbal						
2/12/2009	2/12/2009	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached medical info						
2/12/2009	2/12/2009	Task	Decrescenzo, Rachael		Case Review	LTD Application Acknowledgement Letter
Please send LTD Acknow Letter - recvd completed app on 2/11/09. (have aps now) Thx.						
2/12/2009	2/12/2009	Task	zzTeta, Cristina		Case Review	Fax Review
IME Provider Complaint Reponse						
2/12/2009	2/12/2009	Phone Call	zzBrache, Emily		Spoke to	Case Follow-Up
spoke to HR Holly who stated EE was supposed to RTW 2/3/09 and no one at the worksite has heard anything otherwise and EE's supervisor has been trying to email someone at RG but hasn't heard back yet. Advised currently EE is approved to 3/8/09 which is end of STD, and NCM is reviewing additional information to see if he needs LTD.						
2/12/2009	2/12/2009	Correspondence	zzMcRae, Megan	Access, Medical Evaluations	Correspondence	IME Attendance Confirmation
This is to inform you that we have verified that the above named claimant did show for his/her scheduled evaluation. We also reminded the physician to dictate his/her report ASAP and the report will be forwarded to you as soon as we receive it.						
Please do not hesitate to contact us if we may be of further assistance to you.						
Access Medical Evaluations, Inc. (800) 375-0270 FAX: 734-425-1042						
2/12/2009	2/12/2009	Mail Merge	Decrescenzo, Rachael		Employee Contact	LTD Application
LTD Application Ack						
2/12/2009	2/12/2009	Correspondence	zzTeta, Cristina		Case Review	Case Information
2/12 cmt. Reviewed ime complaint response. IME provider states - he has provided information as best he could based on what patient told him. He states patient added information in his critique of IME report that was not discussed during the exam.						
2/12/2009	2/12/2009	Case Review	zzTeta, Cristina	Quinones, Carmen M. (Dr.)	Medical Documentation	Complete Medical - Initial
2/12 cmt. Reviewed operative notes. ee had transforminal epi steroid injection on 2/9/09 for lumbar disc herniation, lumbar radiculopathy. Will f/u in two weeks. EE had epi injection on 1/26. will f/u in two weeks.						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
2/26/2009	2/16/2009	Task	zzMcRae, Megan	Access, Medical Evaluations	Vendor Contact	IME-Independent Medical Examination
Call for final IME report from 2/12/2009 at 10am with Dr. Kutner						
2/16/2009	2/16/2009	Correspondence	zzMcRae, Megan	Access, Medical Evaluations	Correspondence	IME Final Report Received
Received final IME report						
2/17/2009	2/17/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
2/17 cmt. Ee called in to check status of NS IME Report. NCM informed ee that report was received and tasked for review for 2/18. EE continues to ask if he will be approved for LTD. NCM informed ee that claim is still being reviewed. EE states Hartland PT faxed over 20 pages of PT notes on 2.12. NCM states fax not filed in case yet, if faxed over.						
2/19/2009	2/19/2009	Task	zzTeta, Cristina		Case Review	Case Management Plan
UPDATE NCP						
2/19/2009	2/19/2009	Task	zzTeta, Cristina		Case Review	Case Information
monthly report						
2/19/2009	2/19/2009	Task	zzTeta, Cristina		Case Review	Fax Review
IME Report						
2/19/2009	2/19/2009	Case Notes	zzTeta, Cristina		Case Review	IME-Independent Medical Examination
2/19 cmt. reviewed NP IME completed on 2/12/09. EE's neurocognitive skill intact. EE has longstanding dysthymic disorder which was exsacerbated by ongoing pain and physical limitations from his back and Achilles tendon conditions. Capable of psychologically and cognitively of performing and 8 hour per day job. IME provider recommended that ee receive individual weekly psychotherapy o a weekly basis using cognitive behavioral techniques which would focus on assisting him in coping with his physical condition and reducing his dysthymia and reducing anticipatory anxiety through development of more effective coping strategies. EE capable of returning to work without limitations or restrictions for cognitive and or psychological factors.						
2/19/2009	2/19/2009	Case Review	zzTeta, Cristina		Meeting Candidate	STD Monthly Status Report
2/19/09 cmt 180 day report						

Age: [REDACTED]

Job title: Sr Compliance Analyst

1st Date of Disability: 9/8/08

Diagnosis:

frmDisability_Diagnoses

Description

Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis

Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine

Tenosynovitis of Foot and Ankle

Degeneration of Thoracic or Lumbar Intervertebral Disc

Nature of surgery & date: (op report should be available for reference) none

Therapy: (date started, how often, type ex- pt, rehab, counseling, ot, st. Notes should be available for reference) pt

Diagnostic Testing: (mri, emg, biopsy, x-ray, ect. Results should be available for reference) xray

Job Duties: (lifting #, standing requirements, freq wrist movement, current class ect. JA should be available for reference): EE works as a Sr. Complaint Analyst. JA notes frequent lifting up to 10

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
		lbs, seldom up to 100 lbs. Seldom pushing, pulling, or reaching. Frequent sitting, occasional walking. ee has heavy job class				
		Co-morbid: (overweight, cardiac, previous miscarriages, ect)				
		Plan: 1) Has case exceeded the optimum duration? no				
		02) If case has exceeded the optimum duration, please explain why.				
		03) Explain case management plan:				
		4) Has case been referred for review? (BMI, peer, IME, ect. Include date and results) no				
		1/20/09 kam IME done on 1/13/09 ee may return to work but has some restrictions. Ime faxed to md awaiting md response. NP IME completed – ee may rtw from a cognitive standpoint.				
		5) Note any additional treatment plans: Physical therapy, epi injections				
		6) Has RTW been discussed including modified: Yes. Provider stated ee could work from home 4 hours a day starting 2/9/09. Worksite could not accommodate.				
		Week 18: Ltd Application sent date: 1/12 Received date: 2/4				
		Ltd Roll Date: 3/8/09				
1/19/2009	2/19/2009	Case Notes	zzTeta, Cristina		Case Review/CM Plan	Care Plan - Back Pain
		Care/Case Management Plan 2: Low Back Injury/Disease 12/13/08 kam				
		Referral triggers: Lumbosacral sprain, intervertebral disc herniation, degenerative disease of the lower spine traumatic injuries; e.g. osteoarthritis, ankylosing spondylitis, congenital problems; scoliosis, instabilities; spondylolisthesis, organic diseases; tumors, Joint syndromes; facet syndrome, muscle inflammation, non specific back pain. 12/13/08 kam				
		Problem #1: Employee is not achieving optimal health due to alteration in comfort: Pain				
		Short Term Goal: Employee will report a decrease in discomfort from initial assessment and a plan will be established to address needs. Within three days of employee contact.				
		Long Term Goal: Employee will return to pre-injury/illness pain free state within projected MDA guidelines. 1/19/09 JP				
		Interventions for short term goals:				
		•□ Educate the employee on possible complications and elimination of factors that precipitate pain. 2/19 cmt				
		•□ Teach employee methods to reduce pain before it becomes too severe both pharmacological and non pharmacological methods for reducing pain/promoting comfort: back rubs, slow rhythmic breathing, repositioning, and divisional activities.				
		•□ Contact the employee's physician to confirm the treatment plan, diagnoses, expected recovery time and expected MMI. 2/19 cmt				
		•□ Follow up call to member at defined interval 2/19 cmt				
		•□ Listen to employee in a non judgmental manner. 2/19 cmt				
		•□ Identify barriers 2/19 cmt				
		•□ Offer assistance and support. 2/19 cmt				
		Interventions for long term goals:				
		•□ Review individual plan of action with the employee 2/19 cmt				
		•□ Assess employee has made the needed changes in his/her medical treatment influencing disability duration. 1/19/09 JP				
		•□ Assessment of functional ability/attainment of maximal functional ability.				
		•□ Timely return to normal activities and employment.				

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
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Notes

- Appropriate utilization of resources
- Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies.
- Instruction on prevention of re-injury and decreased disability 1/19/09 JP
- Provide knowledge on provision of quality, cost effective care
- Ensure employee has a plan in place to address barriers.
- Provide Human Resources with confidential reports and opportunities to improve your care and treatment plans.
- Review individual plan of action with the employee and document in a written plan any accommodations designed to promote timely and safe transition back to full work productivity.

Problem #2: Employee is not achieving optimal health due to alteration in physical activity and inability to move purposefully within the environment.

Short Term Goal:

- 1.□Employee will be knowledgeable of safety related issues due to activity limitations within three days of employee contact
- 2.□Employee will demonstrate increased mobility/activity utilizing appropriate DME equipment within one week of injury/illness.

Long Term Goal:

Employee will progress to the highest level of mobility possible within limitations of diagnoses per MDA guidelines. 1/19/09 JP

Interventions for short term goals:

- Employee will reduce or eliminate contributing factors by assess employees schedule. Allow rest periods between all activities. 1/19/09 JP
- Assist to identify safety hazards in members environment or daily routine
- Encourage person to note daily progress.
- Evaluate employees strength and degree of mobility through office notes or physical therapy notes
- Work with Physical therapist to obtain current treatment plan 1/19/09 JP
- Evaluate for proper use of function and adaptive equipment
- Evaluate proper referral to PT, OT, or other
- Encourage relaxation training

Interventions for long term goals:

- Assess employee has made the needed changes in his/her medical treatment influencing disability duration.
- Assessment of functional ability/attainment of maximal functional ability.
- Timely return to normal activities and employment. 1/19/09 JP
- Plan and share necessity of learning outcomes with the employee.
- Appropriate utilization of resources
- Avoidance of unnecessary surgery, hospitalization, treatment and imaging studies.
- Instruction on prevention of re-injury and decreased disability 1/19/09 JP
- Prevention of possible complications 1/19/09 JP
- Ensure employee has a plan in place to address barriers.
- Provide Human Resources and doctor with confidential reports and opportunities to improve your care and treatment plans.
- To achieve consistent, quality care by using nationally recognized clinical guidelines.

Criteria for Case management closure

- Functional improvement
- Relief / reduction of pain and symptoms
- Appropriate utilization of resources and benefits
- Avoidance of unnecessary surgery, hospitalization and surgery
- Employee satisfaction with medical care, case management services.
- Early return to work
- Safety issues have been identified
- Medically cleared to return to work

Events

Date Due	Date Complt	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
Case Management Resources: <input type="checkbox"/> http://www.highbeam.com/library/ http://www.americanhealthways.com/regence/CBP/Member/02.asp?Cint=001&Prog=CBP&Cat=Mbr&typ=001#2 Aetna low back manual Conte L, Timir B, The rehabilitation of persons with low back pain. Journal of Rehabilitation, April, 1993 The Medical Disability Advisor, Presley Reed, MD Fourth Edition http://www.rncentral.com/careplans/plans/ai.html Praemer, A, Fumer, S, Rice, D, Musculoskeletal Conditions in the United States, 1992, American Academy of Orthopedic Surgeons. Taylor V, Deyo R, Cherkin D, Kreeulter W, Freidlieb O, The impact of managed care on the diagnosis and treatment of low back pain: a preimariy report. American Journal of Medical Quality 1994. vol 9 1.						
2/23/2009	2/23/2009	Case Notes	zzTeta, Cristina		Case Review	Job Analysis
made job class - light						
2/23/2009	2/23/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Employer Notification	RTW
From: Teta, Cristina Sent: Monday, February 23, 2009 12:12 PM To: 'JROSADO3@ITS.JNJ.COM' Cc: 'kvaccaro@ocdus.jnj.com' Subject: Ralph VanDeventer						
I know that you are unable to accommodate having Mr. VanDeventer working 4 hours a day from home. Is there a possibility of having Mr. VanDeventer working a sedentary position 4 hours a day at the worksite? Please let me know. Thank you, Cristina Teta Reed Group 15 Tech Valley Drive East Greenbush, NY 12061 866.829.8861 518.880.6610FAX cteta@rgl.net http://www.rgl.net						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
2/23/2009	2/23/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Employer Contact	RTW
<p>From: Rosado, José Luis [OCDUS] [mailto:JROSADO3@its.jnj.com] Sent: Monday, February 23, 2009 12:20 PM To: Teta, Cristina Cc: Vaccaro, Kathryn [OCDUS] Subject: RE: Ralph VanDeventer</p> <p>Yes, we can make that accomodation. -----Original Message----- From: Teta, Cristina [mailto:cteta@rgl.net] Sent: Monday, February 23, 2009 12:12 PM To: Rosado, José Luis [OCDUS] Cc: Vaccaro, Kathryn [OCDUS] Subject: Ralph VanDeventer</p> <p>I know that you are unable to accommodate having Mr. VanDeventer working 4 hours a day from home. Is there a possibility of having Mr. VanDeventer working a sedentary position 4 hours a day at the worksite? Please let me know.</p> <p>Thank you,</p> <p>Cristina Teta</p> <p>Reed Group</p> <p>15 Tech Valley Drive</p> <p>East Greenbush, NY 12061</p> <p>866.829.8861</p> <p>518.880.6610FAX</p> <p>cteta@rgl.net</p> <p>http://www.rgl.net</p>						
<p>This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.</p>						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
2/23/2009	2/23/2009	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	RTW
2/23 cmt. Faxed copy of rtw form to Dr. Strouse, asked if ee could work 4 hours a day sedentary position from worksite.						
2/23/2009	2/23/2009	Correspondence	zzTeta, Cristina	Strouse, Irving (Dr.)	Provider Contact	RTW
2/23 cmt. Rtw form and cover letter asking if ee could rtw 4 hours a day sedentary work faxed to provider.						
2/25/2009	2/24/2009	Task	zzTeta, Cristina		Case Review	Fax Review
Please review attached RTW form						
2/24/2009	2/24/2009	Case Review	zzTeta, Cristina	Strouse, Irving (Dr.)	Case Review	RTW
2/24 cmt. Reviewed rtw note dated 2/23/09. EE may return to work on 3/2/09, Sedentary position, working 4 hours per day. This restriction will last until 4/6/09.						
2/24/2009	2/24/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Employer Notification	RTW
<p>2/24 cmt. E-mail sent to supervisor requesting accommodations of restrictions. From: Teta, Cristina Sent: Tuesday, February 24, 2009 12:25 PM To: 'JROSADO3@ITS.JNJ.COM' Cc: 'kvaccaro@ocdus.jnj.com' Subject: Ralph R Van Deventer Jr</p> <p>Jose,</p> <p>I received an updated return to work form for Ralph Van Deventer today. His physician is clearing him to work 4 hours a day (from the worksite), sedentary position (sitting most of time, brief periods walking/standing, may lift up to 10 lbs occasionally). This restriction will last until 4/6/09. Per your e-mail dated 2/23, you indicated you could approve this accommodation. Now that I have the official return to work note from the doctor, would you please respond to this e-mail indicating that you are accommodating this restriction. Once I have your reply, I will contact Ralph to let him know he is cleared to return to work. He is aware that he must report to Health Services.</p> <p>Thank you,</p> <p>Cristina Teta</p> <p>Reed Group</p> <p>15 Tech Valley Drive</p> <p>East Greenbush, NY 12061</p> <p>866.829.8861</p> <p>518.880.6610FAX</p> <p>cteta@rgi.net</p> <p>http://www.rgi.net</p>						

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Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
2/25/2009	2/24/2009	Task	zzTeta, Cristina		Case Review	Case Follow-Up
look for response to e-mail sent on 2/24/09. Able to accommodate restrictions?						
2/24/2009	2/24/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Employer Notification	RTW
<p>From: Rosado, José Luis [OCDUS] [mailto:JROSADO3@its.nj.com] Sent: Tuesday, February 24, 2009 12:33 PM To: Teta, Cristina Cc: Pericone, Anne [VRXUS] Subject: Re: Ralph R Van Deventer Jr</p> <p>Ok. Please advise him.</p> <p>Anne, we need to schedule meeting with HR and Nora.</p> <hr/> <p>From: Teta, Cristina To: Rosado, José Luis [OCDUS] Cc: Vaccaro, Kathryn [OCDUS] Sent: Tue Feb 24 12:25:25 2009 Subject: Ralph R Van Deventer Jr</p> <p>Jose,</p> <p>I received an updated return to work form for Ralph Van Deventer today. His physician is clearing him to work 4 hours a day (from the worksite), sedentary position (sitting most of time, brief periods walking/standing, may lift up to 10 lbs occasionally). This restriction will last until 4/6/09. Per your e-mail dated 2/23, you indicated you could approve this accommodation. Now that I have the official return to work note from the doctor, would you please respond to this e-mail indicating that you are accommodating this restriction. Once I have your reply, I will contact Ralph to let him know he is cleared to return to work. He is aware that he must report to Health Services.</p> <p>Thank you,</p> <p>Cristina Teta</p> <p>Reed Group</p> <p>15 Tech Valley Drive</p> <p>East Greenbush, NY 12061</p> <p>866.829.8861</p> <p>518.880.6610FAX</p>						

Confidential
Admin Rec. 0053

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
cteta@rgl.net						
http://www.rgl.net						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
2/24/2009	2/24/2009	Phone Call	zzTeta, Cristina		Employee Contact	RTW
2/24 cmt. Call placed to ee. Informed ee that he is cleared to rtw on 3/2/09 for 4 hours a day until 4/6/09, at which time he would be full time status. He will be paid his salary for the 4 hours a day he is at work and then 60% LTD for the 4 hours he is not working. EE will report to Health Services prior to returning to work.						
2/26/2009	2/26/2009	Correspondence	zzTeta, Cristina	Vaccaro***, Kathy	Employer Contact	RTW
From: Vaccaro, Kathryn [OCDUS] [mailto:KVaccaro@its.nj.com] Sent: Thursday, February 26, 2009 11:00 AM To: Teta, Cristina Subject: RE: Ralph VanDeventer						
Is his rtw date confirmed? -----Original Message----- From: Teta, Cristina [mailto:cteta@rgl.net] Sent: Monday, February 23, 2009 12:12 PM To: Rosado, José Luis [OCDUS] Cc: Vaccaro, Kathryn [OCDUS] Subject: Ralph VanDeventer						
I know that you are unable to accommodate having Mr. VanDeventer working 4 hours a day from home. Is there a possibility of having Mr. VanDeventer working a sedentary position 4 hours a day at the worksite? Please let me know.						
Thank you,						
Cristina Teta						
Reed Group						
15 Tech Valley Drive						
East Greenbush, NY 12061						
866.829.8861						

Events

Date Due	Date Compltd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
<p>518.880.6610FAX</p> <p>cteta@rgl.net</p> <p>http://www.rgl.net</p>						
<p>This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.</p>						
2/26/2009	2/26/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Employer Notification	RTW
<p>From: Teta, Cristina</p> <p>Sent: Thursday, February 26, 2009 12:51 PM</p> <p>To: 'JROSADO3@ITS.JNJ.COM'</p> <p>Cc: 'kvaccaro@ocdus.jnj.com'</p> <p>Subject: Ralph R Van Deventer Jr</p>						
<p>Please be advised Mr. Van Deventer is cleared to return to work on 3/2/09, four hours a day at the worksite, sedentary position (sitting most of time, brief periods walking/standing, may lift up to 10 lbs occasionally). This restriction will last until 4/6/09. Thank you for your response on 2/24/09 indicating your accommodation of these restrictions. Mr. Van Deventer has been advised to report to Health Services.</p>						
<p>Thank you,</p> <p>Cristina Teta</p> <p>Reed Group</p> <p>15 Tech Valley Drive</p> <p>East Greenbush, NY 12061</p> <p>866.829.8861</p> <p>518.880.6610FAX</p> <p>cteta@rgl.net</p> <p>http://www.rgl.net</p>						

Events

Date Due	Date Complt'd	Type	Case Manager	Person Contacted	Event Description	Reference To
Notes						
This e-mail and any attachments may be confidential or legally privileged. If you received this message in error or are not the intended recipient, you should destroy the e-mail message and any attachments or copies, and you are prohibited from retaining, distributing disclosing or using any information contained herein. Please inform us of the erroneous delivery by return e-mail. Thank you for your cooperation.						
2/26/2009	2/26/2009	Phone Call	zzTeta, Cristina		Message Received	Case Follow-Up
2/26 cmt. EE left message. Needs rtw form faxed to his home fax number. (Reverse Auth is on file.)						
2/26/2009	2/26/2009	Phone Call	zzTeta, Cristina		Employee Contact	Case Follow-Up
2/26 cmt. Spoke to spouse. Her 41 year old brother died of heart attack last night. Spouse stating ee's back is hurting him. Ee is afraid to rtw because of pain in back. Has four foster children. Mary Anne is spouse.						
2/26/2009	2/26/2009	Correspondence	zzTeta, Cristina	Rosado, Jose	Employer Notification	RTW
From: Rosado, José Luis [OCDUS] [mailto:JROSADO3@lts.jnj.com] Sent: Thursday, February 26, 2009 2:00 PM To: Teta, Cristina Cc: Vaccaro, Kathryn [OCDUS]; Pericone, Anne [VRXUS] Subject: RE: Ralph R Van Deventer Jr Importance: High						
Cristina,						
Can you advise Ralph to come in later in the day on march 2. He cannot begin work until he meets with us and also before retraining on procedures.						
-----Original Message----- From: Teta, Cristina [mailto:cteta@rgl.net] Sent: Thursday, February 26, 2009 12:51 PM To: Rosado, José Luis [OCDUS] Cc: Vaccaro, Kathryn [OCDUS] Subject: Ralph R Van Deventer Jr						
Please be advised Mr. Van Deventer is cleared to return to work on 3/2/09, four hours a day at the worksite, sedentary position (sitting most of time, brief periods walking/standing, may lift up to 10 lbs occasionally). This restriction will last until 4/6/09. Thank you for your response on 2/24/09 indicating your accommodation of these restrictions. Mr. Van Deventer has been advised to report to Health Services.						
Thank you,						
Cristina Teta						
Reed Group						
15 Tech Valley Drive						
East Greenbush, NY 12061						